FIRST CHOICE CANNABIS

Caregiver Form

To be completed by the patient and the caregiver responsible for the patient

Please complete this form and email it to: hello@firstchoicecannabis.ca

CAREGIVER INFORMATION

Caregiver's First Name	Caregiver's Last Name	Gender (M,F, Other)	Caregiver's D.O.B (YYYY/MM/DD)
Primary Phone Number	**Email**	**Can We Leave Detailed Voicemails?**	
		Yes No	

CAREGIVER 2 INFORMATION

Caregiver's First Name	Caregiver's Last Name	Gender (M,F, Other)	Caregiver's D.O.B (YYYY/MM/DD)
Primary Phone Number	**Email**	**Can We Leave Detailed Voicemails?**	
		Yes No	

SIGNATURE

I, , am the Responsible Caregiver for

Full name of Caregiver Relationship to Patient (as required) Name of Patient

By Signing this Caregiver Form:

1. You consent to First Choice Cannabis' collection, use and disclosure of any and all patient personal information collected by First Choice Cannabis to the patient's Caregiver and disclosure of any and all caregiver personal information to the patient. Hard copies of the External Privacy Policy are available upon request. If the personal information in the Caregiver Form pertains to someone other than you, you represent and warrant that you have obtained their consent and/or have authority to consent on their behalf. Consent may be withdrawn at any time but such withdrawal will not have retroactive effect. NOTE: this may have implications to you and/or the subject individual and will not affect the collection, use and disclosure of personal information where such collection, use and disclosure is permitted or required by law without consent.

2. As the patient, you authorize the responsible individual/caregiver to act on your behalf with respect to anything you could do on your behalf with First Choice Cannabis and you authorize First Choice Cannabis to accept such authority.

Patient Signature:	Caregiver Signature:	Date: (YYYY/MM/DD)