

Caregiver Consent Form

Thank you for choosing Organigram as your licensed producer of medical cannabis. Before we can authorize a caregiver to be responsible for you as a substitute decision maker, you will need to complete the following application.

Important, please read and sign below:

I, _____ declare that _____
(Patient's Name) (Caregiver's Name)

is fully responsible as a substitute decision maker on my behalf.

Date of Birth: DD/ MM/ YYYY/

Signature: _____ Date: _____
(Patient's Name)

Caregiver Information

First Name:

Date of Birth: DD/ MM/ YYYY/

Last Name:

Gender:

Phone:

Patient's
unique identifier*:

I, _____ declare that I am fully responsible as a substitute decision maker
(Caregiver's Name)

for _____
(Patient's Name)

Signature: _____ Date: _____
(Caregiver's Name)