



### Minor Patient Form

(Declaration of Person Responsible for a Minor to Participate)

Instructions: This form must accompany the Patient Registration if the patient is a minor (under the age of 18 years of age). Parent or Guardian must also complete Caregiver Registration.

Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

Patient Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Email of parent or guardian

**Declaration:**

I, \_\_\_\_\_, do hereby declare:  
Name of parent or guardian

- 1) That I am the custodial parent or legal guardian with the responsibility for health care decisions for \_\_\_\_\_.  
Patient Name
- 2) The patient's attending physician has explained to the applicant and to me the possible risks and benefits of the medical use of cannabis.
- 3) I consent to the use of cannabis by the patient for medical purposes.
- 4) I agree to serve as the patient's primary caregiver by completing the Caregiver Registration and paying the appropriate fee.
- 5) I agree to control the acquisition of cannabis and the dosage and frequency of use by the patient.

**Declaration Signature:**

\_\_\_\_\_ Parent/Guardian Signature

\_\_\_\_\_ Date

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

by \_\_\_\_\_, who is personally known to me or has produced

Name of parent or guardian

documentation.

Maryland Government ID / Driver's License

Name of Notary	Signature of Notary	Notary Seal	Commission Expiration
_____	_____	_____	_____