

Illinois Medical Cannabis Pilot Program

Authorization and Consent

To Identify a Person Who Is Not the Parent/Custodial Parent/Legal Guardian as the Designated Caregiver for a Qualifying Patient Under 18 Years Old

Section A: Qualifying Patient (Copy of birth certificate or certificate of legal guardianship required).

Last name			
First name			
Middle Initial		Date of Birth	
	b be the Designated Careg and Residency must be pr		on the Registry Identification Card)
Last name (as it appears on I	ID)		
First name (as it appears on	ID)		
Middle Initial	Date of Birth		Phone Number
Mailing Address			
Relationship to Qualifying Pa	tient under 18 Years Old		
I hereby certify the above	e information is correct and o	complete.	
Signature			Date (mm/dd/yyyy)
State of Illinois	} } ss		
County of	}}		
	signed authority, on this day erson whose name is subsc		
Subscribed and sworn to	o me before me this	day of	
			(Seal)
Notary Public			(354.)



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Section C: Parent/Custodial Parent or Legal Guardian

Note: Proof of Identity and Residency must be provided.

Last name (as it appears on ID)					
First name (as it appears on ID)					
Middle Initial		Date of Birth			
Mailing Address		l			
I hereby certify the above information is o	orrect and co	mplete and that I am	n the custodial parent or legal guardian		
of	I authorize, and consent to, the individual named				
in Section B to serve as the designated of	caregiver for _				
a qualifying patient under age 18 years.					
Parent Signature			Date (mm/dd/yyyy)		
State of Illinois	} } ss				
County of	}}				
BEFORE ME, the undersigned authority known to me to be the person whose na		•			
Subscribed and sworn to me before me	this d	ay of			
			(Seal)		
Notary Public					