

# Mississippi Medical Cannabis Program Designation of Caregiver

1. This form is to be completed by the parent or legal guardian of the minor patient (under age 18); or by an adult patient (age 18 or older) who wishes to designate a licensed caregiver. Up to two parents/legal guardians may apply for a caregiver's license for the minor patients.
2. Patients must already be registered and approved for participation in the MS Medical Cannabis Program.
3. This form is required to complete a caregiver license application and be approved for a caregiver license.

## Patient Information

**The patient is** *(select one):*

Minor Patient     
  Adult Patient     
  Temporary Minor Patient     
  Temporary Adult Patient

First Name	Middle Name	Last Name	Suffix	Date of Birth (mm/dd/yyyy)	
Current Physical Street Address		APT#	City	State	ZIP
County		Medical Cannabis Patient Number			

## Caregiver Information

First Name	Middle Name	Last Name	Suffix	Date of Birth (mm/dd/yyyy)	
Current Physical Street Address		APT#	City	State	ZIP
County		Phone #	Email Address		
<b>Relationship with Patient</b> <i>(select one):</i>		Caregiver of adult patient who is a family member or assistant who regularly looks after the adult patient	Custodial parent of minor patient	Legal guardian of minor patient (must include documentation in application)	

### SECOND CAREGIVER (OPTIONAL FOR MINOR PATIENTS)

First Name	Middle Name	Last Name	Suffix	Date of Birth (mm/dd/yyyy)	
Current Physical Street Address		APT#	City	State	ZIP
County		Phone #	Email Address		
<b>Relationship with Patient</b> <i>(select one):</i>		Custodial parent of minor patient	Legal Guardian of minor patient (must include documentation in application)		

### ATTESTATION By my signature below, I attest to the following:

<p><b>FOR ADULT PATIENTS</b></p> <ul style="list-style-type: none"> <li>I understand I am designating the individual identified above as my caregiver;</li> <li>I understand this individual cannot possess or purchase medical cannabis on my behalf until he or she has been approved for and received a caregiver identification card issued by MSDH; and</li> <li>I understand I can only have one designated caregiver at any given time.</li> </ul>	<div style="text-align: right; margin-top: 20px;">  _____                  Adult Patient Signature (If applicable)             </div> <div style="text-align: right; margin-top: 10px;">                 _____                  Date (mm/dd/yyyy)             </div>
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### ATTESTATION By my signature below, I attest to the following:

<p><b>FOR MINOR PATIENTS</b></p> <ul style="list-style-type: none"> <li>I am a custodial parent or legal guardian of the minor patient.</li> <li>I understand that if I am a legal guardian, I will need to provide official documentation proving my legal guardianship in my online application.</li> <li>I understand I will not receive a caregiver's identification card until I complete a caregiver application and am approved for an identification card.</li> </ul>	
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_____ Parent/Legal Guardian Signature (If applicable)	_____ Date (mm/dd/yyyy)	_____ Parent/Legal Guardian Signature (If applicable)	_____ Date (mm/dd/yyyy)
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