



## CAREGIVER'S AUTHORIZATION AND AFFIRMATION

I affirm that the individual named below is under my supervision:

Individual's Name: \_\_\_\_\_

Individual's California I.D. or U.S. Passport number: \_\_\_\_\_

I am authorized by the individual named above or as a spouse or as a family member or by the individual's family or by court order to oversee the welfare of the individual in a manner that includes arranging for delivery of cannabis products to the individual at home or at an Assisted Living Facility in the State of California.

I authorize the staff at any Assisted Living Facility where the individual named above resides to accept and sign for the delivery of the cannabis products and administer them as directed by myself or a Medical Professional.

I affirm that I will take full responsibility for arranging for the individual's cannabis needs and for the full payment of any cannabis products for the individual.

**\*\* I affirm that the patient under my care is 21 years of age (check box):**

Caregiver's Name: \_\_\_\_\_

Caregiver's Phone Number: \_\_\_\_\_

Caregiver's Address (Street, City, Zip Code): \_\_\_\_\_

Caregiver's Email address: \_\_\_\_\_

Caregiver's California I.D. or U.S. Passport number: \_\_\_\_\_

Caregiver's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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