

The Green Saint Wholistic Collective

Confidential Patient and Primary Care Giver Registration Form

--- Please print clearly to avoid errors ---

I am designating a **Primary Caregiver** as per California Health and Safety Code § 11362.5.

Complete the Primary Caregiver designation form on the back of this page. Your Primary Caregiver should keep a copy of the designation form and your letter of recommendation as proof of his or her status as a Primary Caregiver.

Name _____
first last

Please do not send me mail

Address _____

City _____ State _____ Zip _____

CA DL or ID No. _____ Date of birth _____

Tel. Number () _____ (for administrative use only)

Complete this section only if you already have a **medical cannabis ID card** issued by a county health department or other agency pursuant to California Health & Safety Code §11356.7, *et seq.* (SB-420, 2003).

ID card issued by _____

ID card number _____ **Exp. Date** _____

Please give us your email address so that we can keep you up to date on events and services at the TGSWC.

Please print clearly: _____
Email address (*i.e. yourname@domain.com*)

- I have read and understand the TGSWC rules and/or guidelines.
- I certify under penalty of perjury that (1) the information provided to TGSWC is true and accurate, and (2) I am not seeking membership for any fraudulent purpose.
- I authorize my recommending physician to verify his or her recommendation or approval for the use of medical cannabis (marijuana).

X _____
Members signature

Date

For TGSWC staff use only

Intake staff _____

Membership/recommendation verified by _____

TGSWC Database ID No. _____

Date of verification _____

Designation of Primary Caregiver

As per California Health and Safety Code §11362.5

I hereby certify that I am a patient suffering from serious illness and have obtained a recommendation or approval from a licensed physician in the state of California to use medical cannabis (marijuana) in treating my illness. A copy of my recommendation may be attached hereto.

I hereby designate the individual described below as my "Primary Caregiver," in accordance with California Health and Safety Code §11362.5(d) and §11362.5(e), which reads as follows:

" (d) Section 11357, relating to the possession of marijuana, and Section 11358, relating to the cultivation of marijuana, shall not apply to a patient, or to the patient's primary caregiver, who posses or cultivates marijuana for the personal medical purposes of the patient upon the written or oral recommendation or approval of a physician.

(e) For the purposes of this Section, 'primary caregiver' means the individual designated by the person exempt under this act who has consistently assumed responsibility for the housing, health, or safety of that person."

I agree that I will consistently rely on the individual described below as the primary source of medical cannabis as a matter of my personal health and safety. This designation shall remain in effect (1) for one year from the date below, (2) until I revoke this designation, or (3) until I designate another individual as my "primary caregiver."

Dated: _____

Patient Name (*print clearly*)

Primary Caregiver Name (*print clearly*)

Patient Signature

Primary Caregiver Signature

NOTICE TO LAW ENFORCEMENT: Pursuant to the Constitution of the State of California, Amendment III, Section 3.5(c), state enforcement officials have "no power... to refuse to enforce a statute on the basis that federal law or federal regulations prohibit the enforcement of such statute." It is therefore your legal duty and responsibility to respect and obey this agreement per the above cited legislation, and to leave the individuals herein described unmolested and unreported to federal authorities. Failure to follow state law may result in legal action being taken against you. Thank you for your understanding and compliance.
