Bucyrus Internal Medicine, Inc.MINOR PATIENT FORM FOR MEDICAL MARIJUANA

(Declaration of Person Responsible for a Minor to Participate)

Instructions: This form must accompany the (under the age of 18 years of age). Parent or Operation Please have this Form Notarized before Apport	Guardian must also complete Caregi		
Patient Name:	Patient Date of I	Patient Date of Birth	
Patient Addresss:	Phone#		
Declaration:	, do her	reby declare:	
1)That I am the custodial parent or legal guardian	with the responsibility for health care	decisions for:	
	Patient Name		
2) I agree to read and initial the Informed Conserminor patient.	nt/ Patient Agreement/Release of Liabi	lity on behalf of the	
3) I consent to the use of cannabis by the patient	for medical purposes.		
4) I agree to serve as the patient's primary careging the appropriate fee.	iver by completing the Caregiver Conso	ent Form and paying	
5) I agree to control the acquisition of cannabis a	and the dosage and frequency of use by	the patient.	
Declaration Signature:			
Parent/Guardian Signature		Date	
State of	ARY ACKNOWLEDGMENT		
County of			
The foregoing instrument was acknowledged before	ore me this day of	, 20	
by		o me or has produced documentation.	
	Signature	Signature of Notary	
	Title	or Rank	

Serial Number