



## Patient and Primary Care Giver Registration Form

Please print clearly to avoid errors

**I \_\_\_\_\_, (patient name) 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.*

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Caregiver Name (*first & last*)

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Caregiver Address

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Caregiver City, State, Zip

Caregiver CA DL or ID No \_\_\_\_\_

Caregiver Date of birth \_\_\_\_\_

Caregiver Telephone Number \_\_\_\_\_ (*for administrative use only*)

**I have read and understand the Peace in Medicine membership guidelines.**

**I understand the caregiver must carry the caregiver designation form and a copy of patient's recommendation at all times while caring for the patient's needs as this relates to medical cannabis.**

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Caregiver Signature & Date

## Designation of Primary Caregiver

As per California Health and Safety Code §11362.5, I, \_\_\_\_\_  
(patient name) hereby certify that I am a patient suffering from serious illness and  
have obtained a recommendation from a licensed physician in the State of California  
to use medical cannabis 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 possesses 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.

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

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Patient Name (*print clearly*)

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Patient Signature

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Primary Caregiver Name (*print clearly*)

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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.

