

**Patient and Primary Care Giver Registration Form**



Please print clearly:

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 next page. Your Primary Caregiver should keep a copy of the designation form and your letter of recommendation as proof of his/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

I have been provided the Peace in Medicine membership guidelines and have read and understand these guidelines.

Further, I understand a primary caregiver must carry the caregiver designation form and a copy of patient’s recommendation or a valid state caregiver ID card 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 Care Giver Form



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.