

Illinois Medical Cannabis Pilot Program

Authorization and Consent

To Identify a Person Who Is Not the Parent/Custodial Parent/Legal Guardian as the Designated Caregiver for a Qualifying Patient Under 18 Years Old

Section A: Qualifying Patient (Copy of birth certificate or certificate of legal guardianship required).

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Last name				
First name				
Middle Initial		Date of Birth	Date of Birth	
Section B: Individual to be Note: Proof of Identity and			sted on the Registry Identifica	tion Card)
Last name (as it appears on ID)				
First name (as it appears on ID)				
Middle Initial	Date of Birth		Phone Number	
Mailing Address	I			
Relationship to Qualifying Patien	t under 18 Years Old			
I hereby certify the above in	formation is correct and	complete.		
Signature			Date (mm/dd/yyyy)	
State of Illinois	} } ss			
County of	}			
BEFORE ME, the undersign known to me to be the person				,
Subscribed and sworn to me	e before me this	day of	·	
Notes Dublis			(Seal)	
Notary Public				



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Section C: Parent/Custodial Parent or Legal Guardian

Note: Proof of Identity and Residency must be provided.

Last name (as it appears on ID)	
First name (as it appears on ID)	
Middle Initial	Date of Birth
Mailing Address	
I hereby certify the above information is correct and com	plete and that I am the custodial parent or legal guardian I authorize, and consent to, the individual named
in Section B to serve as the designated caregiver for	,
a qualifying patient under age 18 years.	
Parent Signature	Date (mm/dd/yyyy)
State of Illinois } ss	
County of}	
BEFORE ME, the undersigned authority, on this day pe known to me to be the person whose name is subscribe	•
Subscribed and sworn to me before me this day	y of
	(Seal)
Notary Public	(3041)