

Caregiver Intake Form

Patient Information

Last Name: _____ First Name: _____ Middle Init: _____

Patient QP#: _____ Is the patient a minor (Y/N): _____

Caregiver Information

Last Name: _____ First Name: _____ Middle Init: _____

Caregiver Phone #: _____ Check here to allow us to leave voicemails at this number

Email: _____

Mailing Address:

(please complete other side)

ACKNOWLEDGEMENT

I, the undersigned, confirm that I have read and understand the following:

1. Cannabis is a Schedule 1 Controlled Substance. According to Federal law, it is unlawful to board a plane, cross state lines, or be on any federal land while in possession of cannabis products.
2. All cannabis products purchased at Dispensary33 are, by law, for the patient for whom I am the caregiver and may not otherwise be distributed in any way.
3. Under Illinois law, it is unlawful to possess cannabis:
 - a. on a school bus;
 - b. on the grounds of any preschool, primary or secondary school;
 - c. in any correctional facility;
 - d. in a licensed child care or other similar social service care.
4. I understand that a record will be made of my purchases at Dispensary33 and this data will be shared with State regulatory bodies.
5. I understand that I am subject to camera surveillance and recording while on Dispensary33's premises.

For caregivers of minors: I understand that I may only purchase cannabis-infused products that are not suitable for inhalation. I am allowed to purchase sublingual oils, tincture and edibles. However, I **may not** purchase dry flower, concentrates or vapable oils.

Signature

Date