

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

Email: _____

Date of Birth: _____

Primary Phone #: _____

Check here to allow us to leave voicemails at this number

Alternate Phone #: _____

Check here to allow us to leave voicemails at this number

Mailing Address:

Recommending Physician/Group: _____

Caregiver Information

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

CG#: _____

(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. **Under Illinois law, it is unlawful to:**
 - a. Undertake any task under the influence of cannabis, when doing so would constitute negligence, professional malpractice, or professional misconduct.
 - b. Possess or to consume cannabis:
 - i. on a school bus;
 - ii. on the grounds of any preschool, primary or secondary school;
 - iii. in any correctional facility;
 - iv. in a licensed child care or other similar social service care.
 - c. Consume cannabis in any public place where one may reasonably expect to be observed, including in a personal car if that car is in plain view of the public.
 - d. Consume cannabis in close proximity to anyone under the age of 18.
 - e. Transfer, divert, or allow the use of, cannabis to anyone else, even another medical cannabis patient.
3. I understand that while my status as a patient is protected under HIPAA privacy protections, medical cannabis patients are not necessarily protected from being terminated by employers with zero drug tolerance policies if they are discovered to be using cannabis.
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.

Signature

Date