

# Medical Marijuana Caregiver Acknowledgement

Use Patient Label if Available

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I agree to act as a caregiver for the above identified patient who is a qualifying patient for Medical Marijuana in Louisiana. I agree to only possess and distribute medical marijuana for the purposes of assisting the above noted patient for whom I am a designated caregiver.

I have been informed of and understand the following: [please initial each item]

1.		I cannot consume, by any means, any medical marijuana that has been dispensed for a qualifying patient.
2.		I cannot sell, provide, share or transfer, by any means, medical marijuana to any person other than the above qualifying patient for who I am a designated caregiver. Doing this is a felony and the recommending physician will notify law enforcement of any concerns.
3.		Intentionally making a false statement to a law enforcement officer about any fact or circumstance relating to the medical use of marijuana to avoid arrest or prosecution is a misdemeanor.
4.		I understand that the physician recommending medical marijuana for the above identified patient will request i not be allowed to be a designated caregiver if I fail to adhere to any of the above requirements.
5.		I must dispose of all unused medical marijuana using approved methods within 10 days of the patient discontinuing use of medical marijuana for any reason.
6.		I will report any suspected serious health effect caused by medical marijuana within the next business day to the recommending physician. A serious health effect is any unexpected or harmful physical or psychological reaction following the use of medical marijuana that results in death, admission to a hospital, or medical treatment beyond basic first aid or mental health care.
7.		I understand that if at any time the above identified patient is in a healthcare facility, I will notify staff that the patient is using medical marijuana and will adhere to all organizational policies regarding administration and secure storage of the medical marijuana. In addition, if at any time during the hospital stay when the continued use of medical marijuana is inconsistent with the treatment plan of the healthcare team, I will remove the medical marijuana from the facility.

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_