



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR MEDICAL MARIJUANA REGULATION
MEDICAL MARIJUANA REGULATORY PROGRAM

PARENT / LEGAL GUARDIAN CONSENT FORM

A Parental/Legal Guardian Consent Form is required by 19 CSR 30-95.030 as proof of consent by a parent or legal guardian for a minor's use of marijuana for medical use and must be submitted with any Patient Registration Application for a non-emancipated qualifying patient. Please ensure information provided is consistent with the applicable Patient Registration Application and the applicable Primary Caregiver Application.

PATIENT NAME

| | | |
|-----------|------------|-------------|
| LAST NAME | FIRST NAME | MIDDLE NAME |
|-----------|------------|-------------|

PATIENT/LEGAL GUARDIAN WHO WILL SERVE AS PRIMARY CAREGIVER NAME

| | | |
|-----------|------------|-------------|
| LAST NAME | FIRST NAME | MIDDLE NAME |
|-----------|------------|-------------|

| | |
|------------------------|---------------|
| SOCIAL SECURITY NUMBER | DATE OF BIRTH |
|------------------------|---------------|

I, _____, affirm I am the parent or legal guardian of _____, and this is my written consent for the Department of Health and Senior Services to issue a Patient Identification Card for his/her medical use of marijuana under my supervision.

| | |
|---------------------------------|------|
| PARENT/LEGAL GUARDIAN SIGNATURE | DATE |
|---------------------------------|------|

SAMPLE