



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF CANNABIS REGULATION

PARENT/LEGAL GUARDIAN CONSENT FORM

A Parent/Legal Guardian Consent Form is required by 19 CSR 100-1.040(6)(A)3.H. as proof of consent by a parent or legal guardian for a minor's medical use of marijuana and must be submitted within any non-emancipated Qualifying Patient application. Please ensure the information provided is consistent with what is provided in the applicable Patient Application and the associated Primary Caregiver Application. [1]

NON-EMANCIPATED PATIENT INFORMATION [2]:

LAST NAME:	FIRST NAME:	MIDDLE NAME:
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PARENT OR LEGAL GUARDIAN [3]:

LAST NAME:	FIRST NAME:	MIDDLE NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	

I, _____ [4], am the parent or legal guardian who will serve as primary caregiver for _____ [5], and consent to the department's issuance of a patient identification card to them for the medical use of marijuana under my supervision. I understand non emancipated patients are prohibited from possessing or purchasing marijuana, and only a parent or legal guardian with a department issued caregiver identification card may purchase or possess on their behalf.

PARENT/LEGAL GUARDIAN SIGNATURE: [6]	DATE: [6]
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[1] This completed form must be submitted with a New or Renewal Non-Emancipated Patient Application in the online registry portal, within the document upload section labeled "Parent/Legal Guardian Consent Form". The consenting parent or legal guardian must submit a Primary Caregiver Application to serve as caregiver to purchase or possess marijuana on behalf of the non-emancipated qualifying patient. Information on how to submit a Caregiver Application is available on the department's website at www.cannabis.mo.gov.

- [2] Full name of the non-emancipated qualifying patient.
- [3] Full name, social security number, and date of birth of the parent or legal guardian who is authorizing the Department to issue a medical marijuana patient identification card to the qualifying non-emancipated patient and will serve as the qualifying patient's primary caregiver.
- [4] Parent or legal guardian's name
- [5] Qualifying patient's name
- [6] Parent or legal guardian's hand-written or electronic signature and date.