

Mobile Access Compassionate Resources Organization

Declaration of "informed consent" and Membership Application

I, _____, declare that I am invoking the "common law" doctrine of "informed consent" in choosing to use "Cannabis" as medicine.

I affirm that : (please circle and initial the statements which apply to your situation)

1. I am not less than 18 years of age (Initial)
2. I am a parent or guardian of a minor child that requires cannabis. (Initial)
3. I am an emancipated minor over the age of 16 years. (Initial)

I have informed my physician about my choice to use cannabis as for medical reasons, as well as how much I use and how effective it is as treatment for my illness.

Please State the ILLNESS being treated with Cannabis.

Physician's name: _____

Address: _____

Telephone: _____ Fax: _____

I hereby release my doctor/physician to disclose/acknowledge to the Mobile Access Compassionate Resources Organization Society my choice to use "Cannabis" as medicine.

I accept full responsibility for my choice to use cannabis for medical reasons.

Signature of Applicant: _____

Address Telephone

Date: _____

Signature of Witness: _____

Date: _____

