Mail, fax, or email application to:
P.O. Box 92068-9200 Weston Road,
Vaughan, Ontario, L4H 3J3
Fax: 1-844-295-6641
Email: customerservice@canntrust.ca
1-855-RX4-CANN (794-2266)|www.canntrust.ca

Caregiver Amendment Form

Version 2.1 February 2018

Complete This Form To Add Caregivers

Section 1 - Applicant Information

All fields marked * are mandatory

Full Name:* ______ First Name ______ Last Name

Date of Birth:* Month ______ Day ______ Year ______

Gender:* Male Female

Unique Client ID Number ______

Section 2 - Caregiver/Individual's Responsible For Applicant New Information

Caregiver Name* ______ Given First Name(s) ______ Surname (Last Name)

Caregiver's Date of Birth:* Month ______ Day ______ Year ______

Gender:* Male Female

Caregiver's Contact Number: ______

I, ______ am responsible for ______

Caregiver/Person Responsible Full Name

Applicant's Name

Caregiver Signature:* ______

Date:* ______

Day / Month / Year

Section 3 - *IMPORTANT* -PLEASE READ AND SIGN BELOW

The Applicant and/or the Person Responsible for the Applicant Must Read and Acknowledge the following:

- The applicant is ordinarily a resident of Canada.
- The information in the application and Medical Document is correct and complete.
- The Medical Document is not being used to seek or obtain dried marijuana from another source.
- The original Medical Document accompanies this application
- The applicant will use dried marijuana only for their own medical purposes.
- The applicant acknowledges and agrees that he or she is using medical marijuana obtained from CannTrust™ at his or her own risk, and releases CannTrust™ (and its partners, officers, providers, directors and staff) from any and all claims, actions, complaints and demands for damages, loss or injury whatsoever arising directly or indirectly from the use of dried medical marijuana received from CannTrust™
- The applicant acknowledges and understands that the safety and risks associated with the use of dried marijuana have not been fully studied and that a standard dosage of medical marijuana has not yet been established.
- The applicant consents to the Health Care Practitioner named in this document disclosing to CannTrust™, personal health information for the purpose of complying with the requirements of the Access to Cannabis for Medical Purposes Regulations (ACMPR). The applicant understands and agrees that a copy of the consent & registration application may be provided to the Health Care Practitioner named in this registration.

Applicant / Individual Responsible Signature* ______

Date* ______