

# 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: \_\_\_\_\_

