medical cannabis by SHOPPERS

Medical Cannabis by Shoppers™
6941 Kennedy Road, Unit 100
Mississauga, ON L5T 2R6

www.shoppersdrugmart.ca/cannabis
Fax: 1-866-220-2627
Tel: 1-844-633-2627

Caregiver Form

To be completed by the caregiver who is responsible for the patient

Fields marked with ▸ are required.

Caregiver information

▸ First name

▸ Last name

▸ Date of birth *(mm/dd/yyyy)*

Gender

▸ Primary phone

Secondary phone

▸ Email

▸ Relationship to patient

Patient information

▸ Patient first name

▸ Patient last name

▸ Date of birth *(mm/dd/yyyy)*

▸ Medical Cannabis by Shoppers ™ client number

Caregiver acknowledgment and confirmation

I, *(Caregiver name)* _____ acknowledge that I am the caregiver for *(Patient name)* _____

and take responsibility for the ordering, safe storage, and administration of medical cannabis products.

THIS APPLICATION IS NOT COMPLETE UNTIL THE CONSENT FORM IS SIGNED

Consent

The patient acknowledges and agrees to the following:

1. Medical Cannabis by Shoppers Drug Mart Inc. ("Shoppers") may collect, use and disclose personal information contained in this application, and any related medical document that is provided to Shoppers (the "Medical Document"), in accordance with Shoppers Drug Mart Inc.'s Privacy Policy (the "Privacy Policy") and applicable laws. The purposes for which Shoppers may collect, use and disclose personal information include: for shipment and fulfillment purposes, to complete the registration of the patient and to communicate with the patient's healthcare professionals, medical clinics, licensing authorities, or suppliers that may be responsible for production of medical cannabis and service providers that are responsible for purchase fulfillment and verification purposes.

2. The patient permits Shoppers to communicate with the patient via telephone or email regarding registration or order status, product availability, and additional matters in accordance with Shoppers' Privacy Policy. The patient understands that electronic communications are not secure and can be forwarded, intercepted, circulated, stored or even changed without their knowledge or permission and agrees to accept that risk. Electronic communication is at the patient's option and the option to communicate electronically may be withdrawn at any time by providing written notice to Shoppers.

3. The patient understands that the safety and risks associated with the use of medical cannabis have not been sufficiently studied and that using medical cannabis products obtained from Shoppers is done at their own risk. The patient releases Shoppers, its related entities, affiliates, subsidiaries, directors, officers, partners, providers, and employees from any and all actions, claims, complaints, and demands for damage, loss or injury arising as a consequence of the use of medical cannabis products obtained from Shoppers.

4. The information in this application and the Medical Document is correct and complete.

5. The patient ordinarily resides in Canada.

6. The Medical Document is original and has not been modified.

7. The Medical Document is not being used to obtain medical cannabis from another source.

8. The use of medical cannabis is for the patient's own medical purposes.

Signature of patient	Date *(mm/dd/yyyy)*
Signature of caregiver/individual responsible for patient	Date *(mm/dd/yyyy)*

Please indicate if you consent to receiving email communications from Shoppers containing offers and updates related to medical cannabis. You may unsubscribe at any time. ■ Yes ☐ No

Please drop off this completed document at your local Shoppers Drug Mart OR fax this completed document to 1-866-220-2627
OR mail this document to Medical Cannabis by Shoppers™, 6941 Kennedy Road, Unit 100, Mississauga, ON L5T 2R6