

Caregiver Form

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

Caregiver information

Caregiver's first name

Caregiver's last name

Date of birth
(mm/dd/yyyy)

Male
 Female

Relationship to patient

Primary phone

Secondary phone

Email (required for online shopping with Shoppers Drug Mart)

Caregiver acknowledgment and confirmation

I, _____, am the caregiver responsible for _____
(print caregiver name) (print patient name)

Signature of caregiver

Date (mm/dd/yyyy)

**THIS APPLICATION IS NOT COMPLETE UNTIL THE PATIENT CONSENT FORM
IS SIGNED BY THE PATIENT (AND CAREGIVER IF APPLICABLE)**

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 Drug Mart Inc., 6941 Kennedy Road, Unit 100, Mississauga, ON L5T 2R6