West Virginia Department of HEALTH
OFFICE OF MEDICAL CANNABIS

West Virginia Department of Health and Human Resources

Patient Authorization for Designation of Caregiver

A Patient Authorization Form is required as documentation of a patient's designation of an individual to serve as the patient's caregiver. This fully executed form must be submitted with the Caregiver's application.

PATIENT NAME		
Last Name	First Name	Middle Name
CAREGIVER NAME		
Last Name	First Name	Middle Name
Address		
City	State	Zip Code
Social Security Number		Date of Birth

I, _, affirm that I am designating _____Patient's Name Caregiver's Name

to serve as my caregiver in order to assist me in the use of medical cannabis.

Patient Signature, or in the case of a minor, Parent/Legal Guardian Signature Date

Caregiver's Relationship to Patient

State of _____

County of _____

This record was acknowledged before me on _

by __

Notary Public

My commission expires __

Place Stamp Here

A photocopy, facsimile, or other electronic version of this document may be accepted as an original signature.