

## 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

\_\_\_\_\_  
 Relationship to Patient

State of \_\_\_\_\_

County of \_\_\_\_\_

This record was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
 Notary Public

My commission expires \_\_\_\_\_

Place Stamp Here