STEP 3:
SUPPLEMENTAL ATTESTATION FORM

emerald™
HEALTH THERAPEUTICS

www.emeraldhealth.ca | clients@emeraldhealth.ca
Toll Free: 1.800.757.3536 | Fax: 1.855.623.3325

Individual(s) responsible for the applicant (caregiver info)

Given Name: _____ Birthdate: YEAR / MONTH / DAY

Surname: _____ Gender: ☐ Male ☐ Female ☐ Unspecified

Phone Number: _____ Email: _____

I am responsible for: *(Print name of applicant)* _____ Relationship to applicant: _____

Individual Responsible (Caregiver): I hereby attest that I am responsible for the Applicant listed above (sign, print name and date).

☐ Check here if all Emerald correspondence should be sent to caregiver instead of the client.

▼ Signature | ▼ Print Caregiver Name Below | ▼ Date Signed

X _____ _____ YEAR / MONTH / DAY

Additional Caregiver (optional)

Given Name: _____ Birthdate: YEAR / MONTH / DAY

Surname: _____ Gender: ☐ Male ☐ Female ☐ Unspecified

Phone Number: _____ Email: _____

I am responsible for: *(Print name of applicant)* _____ Relationship to applicant: _____

Individual Responsible (Caregiver): I hereby attest that I am responsible for the Applicant listed above (sign, print name and date).

☐ Check here if all Emerald correspondence should be sent to primary caregiver instead of the client.

▼ Signature | ▼ Print Caregiver Name Below | ▼ Date Signed

X _____ _____ YEAR / MONTH / DAY

Healthcare Practitioner attestation to receive dried cannabis or cannabis oil for client

Healthcare Practioner Title: ☐ Doctor ☐ Nurse Practitioner

Name (Given/Surname): _____ Clinic/Business Name: _____

Street Address: _____ Unit #: _____ Buzzer Code *(optional)*: _____

City/Town: _____ Province: _____ Postal Code: _____

I hereby attest that I consent to receive dried cannabis or cannabis oil on behalf of the Applicant (sign, print name and date below).

▼ Signature | ▼ Print Name Below | ▼ Date Signed

X _____ _____ YEAR / MONTH / DAY

In compliance with Cannabis Regulations Section 273 and 279-280. **MAIL, EMAIL OR FAX THIS APPLICATION FORM TO:**
EMERALD HEALTH THERAPEUTICS CANADA INC. 310 – 777 Royal Oak Drive, PO Box 24076, Victoria, BC V8X 4V1 Canada
For the fillable form PDFs, please visit emeraldhealth.ca/register.
NOTE: Your **doctor's office may fax** the original **MEDICAL document** (and application) to 1.855.623.3325

www.emeraldhealth.ca
clients@emeraldhealth.ca
Toll Free: 1.800.757.3536
Fax: 1.855.623.3325