

LOW THC OIL WAIVER

NON FDA APPROVAL AND UNKNOWN CLINICAL BENEFITS OF CANNABINOIDS AND THC CONTAINING PRODUCTS

PATIENT INFORMATION (TYPE OR PRINT LEGIBLY)

Patient's Last Name (must match ID)	Patient's First Name (must match ID)	Date of Birth
Patient's Address		
Patient's Telephone:	Patient's Email Address:	

CAREGIVER INFORMATION* (TYPE OR PRINT LEGIBLY)

Caregiver's Last Name	Caregiver's First Name	
Caregiver's Mailing Address		
Caregiver's Telephone:	Caregiver's Email Address:	

*Caregiver means the parent, guardian, or legal custodian of an individual who is less than 18 years of age or the legal guardian of an adult.

_____ (NAME OF PATIENT) has been diagnosed with and is currently undergoing treatment for: **(MARK ALL THAT APPLY)**

_____ Cancer, when such diagnosis is end stage or the treatment produces related wasting illness, recalcitrant nausea and vomiting

_____ Amyotrophic lateral sclerosis, when such diagnosis is severe or end stage

_____ Seizure disorders related to diagnosis of epilepsy or trauma related head injuries

_____ Multiple sclerosis, when such diagnosis is severe or end stage

_____ Crohn's disease

_____ Mitochondrial disease

_____ Parkinson's disease, when such diagnosis is severe or end stage

_____ Sickle cell disease, when such diagnosis is severe or end stage

**By signing below, I attest that I have been advised by _____
(Name of Physician)**

that the use of cannabinoids and THC containing products have not been approved by the FDA and the clinical benefits are unknown and may cause harm. I am voluntarily agreeing and consenting to treatment through the use of cannabinoids and THC containing products and waive any rights to actions against the physician and the State of Georgia for the use of cannabinoids and THC containing products.

Patient or Caregiver's Name

Patient or Caregiver's Signature

Date signed

I have witnessed the free consent and signature of the patient/caregiver.

Affix the Notary
Seal/Stamp
In this space.

Sworn and subscribed to me this ____ day of _____ in the year _____.

Signature of Public Notary: _____

My Commission Expires: _____