

Massachusetts Medical Marijuana Law
Personal Care Giver Agreement and Designation

Date: _____ Name of Qualifying Patient: _____

Personal Care Giver: William H. Downing of: 14 Avon Street, Reading, MA 01867-3632

In accordance with section 2(J) of the Massachusetts medical marijuana law (MML), I agree to assist with Qualifying Patient's use of medical marijuana.

i acknowledge:

1. That I am prohibited from consuming marijuana obtained for the personal, medical use of the Qualifying Patient;
2. That I may possess no more marijuana for the Qualifying Patient than is necessary to maintain a sixty day supply of marijuana for him or her, and will cultivate and store it safely, only in an enclosed locked facility.
3. That Qualifying Patient may identify me in his/her application to the Department of Public Health for a registration card, and
4. That I am at least 21 years old.



Signature of Personal Care Giver

As the Qualifying Patient identified above, I

1. Verify that I am a Qualifying Patient under the Massachusetts medical marijuana law,
2. Designate the person named and signed above as my Personal Care Givers,
3. Accept the Personal Care Giver's assistance with my medical use of marijuana in accordance with section 2 (I) of the MML, and
4. State that I have provided the Personal Care Giver with a true copy of my physician's Written Certification as defined in Section 2(N) of the MML and a true copy of my Application for Personal Care Giver Cultivation Registration, and (if Personal Care Giver(s) are cultivating for me) the Certified Mail Return Receipt (green card) returned by the post office reflecting my submission of said Application to the Department of Public Health.

Massachusetts Medical Marijuana Law
Patient's Application for Personal Care Giver Cultivation Registration

To: Massachusetts Department of Public Health, 250 Washington St., Boston, MA 02108

In accordance with Section 12 of the Massachusetts medical marijuana law, I apply for a medical marijuana registration card. Enclosed is my physician's Written Certification.

My Personal Care Giver is: William H. Downing of 14 Avon Street, Reading MA 01867
born June 10, 1958

Patient's Address: _____

Patient's Date of Birth: _____

Signature of Qualifying Patient

Certified mail number: _____

(To be filled-in by Yankee Care Givers when they mail this to DPH)