

Missouri Department of Health and Senior Services
Medical Marijuana Registry Program
Parental/Legal Guardian Consent Form

Parental/Legal Guardian Consent Form required as proof of legal guardianship and must be submitted with Patient Registration Application. Please ensure information provided is consistent with Patient Registration Application.

PATIENT

Last Name	First Name	Middle Name
-----------	------------	-------------

PARENT/LEGAL GUARDIAN

Last Name	First Name	Middle Name
-----------	------------	-------------

Social Security Number	Date of Birth
------------------------	---------------

I, _____, affirm I am the parent or legal guardian of _____, and this is my written consent for the Department of Health and Senior Services to issue a Patient Identification Card for his/her medical use of Marijuana under my supervision.

PARENT/LEGAL GUARDIAN SIGNATURE:

DATE: