



PATIENT & CAREGIVER PURCHASE DISCLOSURES

• Patient/Caregiver agrees not to open or consume Medical Marijuana Products within 1000 feet of the Facility Premises, or in any other place as prohibited by law. Facility Management recommends that you open your Medical Marijuana Products in private, at home or in a similar environment.

I understand, acknowledge, and affirm the above statement. _____
(Signature) (Date)

• Under the laws of the Commonwealth of Pennsylvania, I understand that I am not immune from the imposition of any civil, criminal, or other penalties for:
o Operating, navigating, or being in actual physical control of any motor vehicle, aircraft, or boat, while under the influence of Medical Marijuana;
o Consumption of Medical Marijuana in any public place;
o Consumption of Medical Marijuana in a motor vehicle; and
o Undertaking any task under the influence of Medical Marijuana, when doing so would constitute negligence or professional malpractice.

I understand, acknowledge, and affirm the above statement. _____
(Signature) (Date)

• It is unlawful for anyone other than the Patient/Caregiver to possess or use Medical Marijuana Products. I understand that it is illegal to divert, transfer, sell or give this or any Medical Marijuana Products to anyone other than the Patient/Caregiver to whom it was dispensed. I agree that I will keep all Medical Marijuana Products away from children, other than the Patient.

I understand, acknowledge, and affirm the above statement. _____
(Signature) (Date)

• It is unlawful for children to obtain or use Medical Marijuana Products, unless they are a Patient. It can be damaging and dangerous to their health and well-being. I understand and affirm that I will take all steps necessary to prevent children from obtaining or using Medical Marijuana.

I understand, acknowledge, and affirm the above statement. _____
(Signature) (Date)

• It is unlawful under Federal Law, to possess, use, manufacture or distribute Marijuana under federal law, and I understand, affirm, and attest that obtaining Medical Marijuana legally under Pennsylvania Law does not exempt me from Federal prosecution, under the laws and penalties provided by the federal government.

I understand, acknowledge, and affirm the above statement. _____
(Signature) (Date)

• Scientific research has not established the safety of the use of Medical Marijuana by pregnant women.

I understand, acknowledge, and affirm the above statement. _____
(Signature) (Date)

• It is the principle mission of the FDA Center for Drug Evaluation and Research to ensure drugs marketed in the U.S. are safe and effective. The Center ensures that drugs work correctly, and that their health benefits outweigh their known risks. Medical Marijuana remains a Schedule I substance under the Controlled Substance Act, and as such, has not yet received FDA approval. I understand that the use of Medical Marijuana to treat a medical condition is not yet approved by the U.S. Food and Drug Administration.

I understand, acknowledge, and affirm the above statement. _____
(Signature) (Date)

• Do you have, or is there any family history of schizophrenia or mental illness? Yes or No
(Circle)

I understand, acknowledge, and affirm the above statement. _____
(Signature) (Date)