



37768 2nd Ave. BOX 1312 Squamish BC V8B 0A9
Membership enquiries: info@99northdispensary.com
[Tel:604.892.9699](tel:604.892.9699) Fax: 604.892.0399
99northdispensary.com

PARENTAL CONSENT

1. I am the Parent or Legal Guardian of:

Qualified Minor's Name: _____ Member # _____

2. The Qualified Minor's medical provider has explained the potential risks and benefits of the use of medical cannabis to the Qualified Minor and to me as the Parent or Legal Representative of the aforementioned Qualified Minor.

3. I consent to the qualified minor's use of medical cannabis.

4. I agree to serve as the qualified minor's primary caregiver; AND

5. I agree to control the acquisition, dosage, and frequency of the medical cannabis used by the qualified minor.

The minor must have parental accompaniment when making purchases at 99 North.

The minor has my permission to make purchases at 99 North without parental accompaniment.

Parent or Legal Guardian's Name _____

Address _____ City _____ Prov. _____

Postal Code _____ Phone Number(s) _____

Parent or Legal Guardian's Signature _____ Date Signed _____