

**Canna Express**  
A California Nonprofit Mutual Benefit Corporation

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**Designation of Primary Caregiver Form**  
As per California Health and Safety Code §11362.5

I hereby certify that I am a patient suffering from serious illness and have obtained a recommendation or approval from a licensed physician in the State of California to use medical cannabis in treating my illness. A copy of my recommendation may be attached hereto.

I hereby designate the individual described below as my Primary Caregiver, in accordance with California Health and Safety Code Sections 11362.5(d) and 11362.5(e), which reads as follows:

(d) Section 11357, relating to the possession of marijuana, and Section 11358, relating to the cultivation of marijuana, shall not apply to a patient, or to the patient's primary caregiver, who possesses or cultivates marijuana for the personal medical purposes of the patient upon the written or oral recommendation or approval of a physician.

(e) For the purposes of this Section, 'primary caregiver' means the individual designated by the person exempt under this act who has consistently assumed responsibility for the housing, health, or safety of that person.

I agree that I will consistently rely on the individual described below as the primary source of medical cannabis as a matter of my personal health and safety. This designation shall remain in effect (1) for one year from the date below, (2) until I revoke this designation, or (3) until I designate another individual as my Primary Caregiver.

**Patient**

Patient's Name \_\_\_\_\_  
Last First Middle Initial

\_\_\_\_\_  
Patient's Signature Date

**Primary Caregiver**

Primary Caregiver's Name \_\_\_\_\_  
Last First Middle Initial

\_\_\_\_\_  
Primary Caregiver's Signature Date

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

California Driver License or Identification Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Date of Birth \_\_\_\_\_