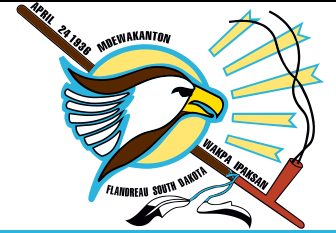


FLANDREAU SANTEE SIOUX TRIBE MEDICAL MARIJUANA PROGRAM CAREGIVER AUTHORIZATION FORM



PATIENT INFORMATION

First Name	Middle Name	Last Name	Suffix
Date of Birth		Mailing Address (number, street)	
FSST Medical Registration # (if known)	City	State	Zip Code

CAREGIVER INFORMATION

Full Name of Caregiver			Date of Birth	
Mailing Address (number, street)			Personal & Work Telephone Numbers	
			P:	W:
City	State	Zip Code	E-Mail	
Relationship to Patient:				

CAREGIVER ATTESTATION

The patient listed above is a patient licensed in accordance with Flandreau Santee Sioux Tribe law to participate in its medical marijuana program. I hereby attest that I meet the following minimum qualifications and standards:

- (1) I am at least twenty-one (21) years of age;
- (2) I have agreed to assist with a qualifying patient's medical use of cannabis;
- (3) If the patient that I am assisting is less than 18 years of age, I am the patient's parent or legal guardian;

CAREGIVER SIGNATURE

By my signature below, I attest that the information on this form is true and correct. I further agree to the following:

- (1) I agree not to consume, sell, divert, or otherwise misappropriate an medical marijuana purchased on behalf of the patient above;
- (2) I agree to provide all information regarding certain products to the patient so the patient is aware of the product; and
- (3) I agree to follow all Flandreau Santee Sioux Tribal Laws regarding cannabis.

 Signature Date

PATIENT ATTESTATION

I am the patient listed above and am licensed in accordance with Flandreau Santee Sioux Tribe law to participate in its medical marijuana program. I hereby attest that I am in need of a Caregiver to act on my behalf, and that I authorize the person named above to serve in that capacity. I understand that this authorization is valid until I personally revoke the attestation, and that the Caregiver and I may be required to update information on a regular basis.

PATIENT SIGNATURE

By my signature below, I attest that the information on this form is true and correct. I further agree to follow all Flandreau Santee Sioux Tribal Laws regarding cannabis.

 Signature Date