



COLORADO

Medical Marijuana Registry

Department of Public Health & Environment



Parental Consent

This form must be submitted with a Minor Application

STAFF ONLY

Evaluated

Patient Information	
1. Last Name	2. First Name
3. Middle Initial	4. Date of Birth

Primary Parent: This is the parent or legal guardian who will be listed as the caregiver on the patient's card			
5. Last Name	6. First Name		
7. Middle Initial	8. Date of Birth		
9a. Mailing Address			9b. Apt/Ste #
10. City	State CO	11. Zip Code	12. County
13. Telephone	14. Email		
I hereby certify that I, the patient's authorized representative, have verified the above information to be accurate and complete and am submitting this request on behalf of the above listed patient.			
15a. Primary Parent Signature			15b. Signature Date
16a. Notary Signature			16b. Signature date

Affix Notary Seal

Secondary Parent: Required if secondary parents resides in Colorado	
17. Last Name	18. First Name
19. Middle Initial	20. Date of Birth
21. Telephone	22. Email
I hereby certify that I have verified the above information to be accurate and complete.	
23a. Secondary Parent Signature	23b. Signature Date