

# Low THC Oil Waiver

NON-FDA APPROVAL AND UNKNOWN CLINICAL BENEFITS OF CANNABINOIDS  
AND THC CONTAINING PRODUCTS

## PATIENT INFORMATION (TYPE OR PRINT LEGIBLY)

Patient's Last Name  
(must match ID)

Patient's First Name  
(must match ID)

Date of Birth

Patient's Address

Patient's Mailing Address (if different)

Patient's Telephone

Patient's Email Address

## FIRST CAREGIVER\* INFORMATION (TYPE OR PRINT LEGIBLY)

Caregiver's Last Name

Caregiver's First Name

Middle Initial

Caregiver's Address

Caregiver's Mailing Address (if different)

Caregiver's Telephone

Caregiver's Email Address

## SECOND CAREGIVER\* INFORMATION (TYPE OR PRINT LEGIBLY)

Caregiver's Last Name

Caregiver's First Name

Middle Initial

Caregiver's Address

Caregiver's Mailing Address (if different)

Caregiver's Telephone

Caregiver's Email Address

\*Caregiver means the parent, guardian, or legal custodian of an individual who is less than 18 years of age or the legal guardian of an adult.

\_\_\_\_\_ (NAME OF PATIENT)

has been diagnosed with and is currently undergoing treatment for: (MARK ALL THAT APPLY)

- Cancer, when such diagnosis is end stage or the treatment produces related wasting illness or recalcitrant
- Amyotrophic lateral sclerosis, when such diagnosis is severe or end stage
- Seizure disorders related to diagnosis of epilepsy or trauma related head injuries
- Multiple sclerosis, when such diagnosis is severe or end stage
- Crohn's disease
- Mitochondrial disease
- Epidermolysis bullosa
- Parkinson's disease, when such diagnosis is severe or end stage
- Sickle cell disease, when such diagnosis is severe or end stage
- Tourette's syndrome, when such syndrome is diagnosed as severe
- Autism spectrum disorder, when (a) patient is 18 years of age or more, or (b) patient is less than 18 years of age and diagnosed with severe autism
- Alzheimer's disease, when such disease is severe or end stage
- AIDS when such syndrome is severe or end stage
- Peripheral neuropathy, when symptoms are severe or end stage
- Patient is in hospice program, either as inpatient or outpatient
- Intractable pain
- Post-traumatic stress disorder (PTSD) resulting from direct exposure to or witnessing of a trauma for a patient who is at least 18 years of age

By signing below, I attest that I have been advised by \_\_\_\_\_ (NAME OF PHYSICIAN) that the use of cannabinoids and THC containing products have not been approved by the FDA and the clinical benefits are unknown and may cause harm. I am voluntarily agreeing and consenting to treatment through the use of cannabinoids and THC containing products and waive any rights to actions against the physician and the State of Georgia for the use of cannabinoids and THC containing products.

\_\_\_\_\_  
**Patient or Caregiver's Name**

\_\_\_\_\_  
**Patient or Caregiver's Signature**

\_\_\_\_\_  
**Date Signed**

**Affix the Notary  
Seal/Stamp in  
this space**

I have witnessed the free consent and signature of the patient/caregiver.

Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

Signature of Public Notary \_\_\_\_\_

My Commission Expires \_\_\_\_\_