



**CABINET FOR HEALTH AND FAMILY SERVICES
KENTUCKY MEDICAL CANNABIS PROGRAM
APPLICATION FOR REGISTRY IDENTIFICATION CARD**

APPLICANT SIGNATURE PAGE FOR QUALIFIED PATIENT WHO IS A MINOR

Statement of Custodial Parent or Legal Guardian:

I am the custodial parent or legal guardian with responsibility for health care decisions for the Applicant, who is under eighteen (18) years of age. I hereby agree to:

1. Allow the Applicant to use medicinal cannabis;
2. Serve as the Applicant's designated caregiver; and
3. Control the acquisition, possession, dosage, and frequency of use of medicinal cannabis by the Applicant.

Printed Name of Custodial Parent or Legal Guardian

Signature of Custodial Parent or Legal Guardian

Statement of Applicant

I hereby verify and affirm that all of the information provided in and with this Application for a Registry Identification Card is true and accurate. I understand that if the Cabinet for Health and Family Services later determines any of the information provided in the Application for a Registry Identification Card to be false, misleading, or inaccurate, the Cabinet may suspend or revoke any registry identification card issued to me and any caregiver connected to me through the Cabinet's registration process. I further pledge not to divert medicinal cannabis to anyone who is not permitted to possess medicinal cannabis pursuant to KRS Chapter 218B and understand the potential penalties

for doing so, including criminal prosecution and revocation of any registry identification card issued by the Cabinet.

Printed Name of Applicant

Signature of Applicant

STATE OF _____
COUNTY OF _____

The above named individual, _____, appeared before me to swear or affirm that the statements made in the Applicant's Application for a Registry Identification Card were true and correct to the best of his/her knowledge and belief this _____ day of _____, 2025.

Notary Public, State at Large
My Commission Expires: