



**New Mexico Department of Health
Medical Cannabis Program – Qualified Minor Parental Consent Form**

I, _____, pursuant to the
Lynn & Erin Compassionate Use Act of 2007, do hereby declare:

1. I am the Parent or Legal Custodian of:

Qualified Minor's Name: _____

2. The Qualified Minor's medical provider has explained the potential risks and benefits of the use of medical cannabis to the Qualified Minor and to me as the Parent or Legal Representative of the aforementioned Qualified Minor.

3. I consent to the qualified minor's use of medical cannabis.

4. I agree to serve as the qualified minor's primary caregiver; AND

5. I agree to control the acquisition, dosage, and frequency of the medical cannabis used by the qualified minor.

Signature: _____ **Date:** _____

Parent or Legal Custodian Contact Information

Name: _____ **Date of Birth:** _____

Address: _____

Social Security Number: _____ **Telephone Number:** _____