



OKLAHOMA MEDICAL MARIJUANA AUTHORITY CAREGIVER DESIGNATION FORM

MINOR PATIENTS
(under the age of 18)

Email: OMMA@ok.gov | Website: OMMA.ok.gov

This form is to be completed for minor patients (under age 18) who need a parent or legal guardian to have a caregiver's license. Up to two parents/legal guardians may apply for a caregiver's license for the minor. This form is required for caregivers to complete their online license application. In order to obtain a caregiver license, the caregiver must complete a caregiver license application and be approved for a license.

Only minor patients who have a physician certification of their medical need for a caregiver may have a licensed caregiver; the status of the applicant as a minor alone does not qualify the applicant for a caregiver.

PLEASE CLEARLY PRINT OR TYPE

PATIENT INFORMATION — (UNDER THE AGE OF 18)

First Name Middle Name Last Name Suffix Date of Birth (mm/dd/yy)

Current Physical Street Address APT# City State Zip

County Medical Marijuana Patient License Number (if licensed)

CAREGIVER 1 INFORMATION — (must be a custodial parent or legal guardian)

First Name Middle Name Last Name Suffix Date of Birth (mm/dd/yy)
Please check one: Custodial Parent OR Legal Guardian (if checked, must include documentation in online application)

Current Physical Street Address APT# City State Zip

County Phone # Email

CAREGIVER 2 INFORMATION (Optional) — (must be a custodial parent or legal guardian)

First Name Middle Name Last Name Suffix Date of Birth (mm/dd/yy)
Please check one: Custodial Parent OR Legal Guardian (if checked, must include documentation in online application)

Current Physical Street Address APT# City State Zip

County Phone # Email

CAREGIVER SIGNATURE

By my signature below I attest to the following:

- That I am a custodial parent or legal guardian of the minor patient.
- If I am a legal guardian, I understand that I will have to provide documentation of my legal guardianship in my online application.
- I understand I will not receive a caregiver's license until I complete a caregiver license application and am approved for a license.

 Caregiver 1 Signature (required): _____ Date: _____

 Caregiver 2 Signature (required if applicable): _____ Date: _____