(413) 377-6240
1247 East Main Street
Chicopee, MA 01020
Info@MassAltCare.com

PATIENT/CAREGIVER REGISTRATION FORM

Name____D/O/B________________________

MA Patient Registration #____________________________Expiration Date________________

Caregiver Name____________________________________D/O/B________________________

MA Caregiver Registration #___________________________Expiration Date________________

Address____City__________________________

Zip______________E-mail Address____

Home Phone #________________Cell Phone #__________________Cell Carrier______________

Would you like to receive promotional SMS messages? Yes No

Would you like to be added to our emailing list? Yes No

ACKNOWLEDGEMENTS

I attest and understand:

- That marijuana has not been analyzed or approved by the FDA.
- There is limited information on the side effects associated with marijuana use.
- There may be health risks associated with consuming marijuana and marijuana infused products.
- Marijuana and marijuana infused products should be kept away from children.
- When under the influence of marijuana driving is prohibited by M.G.L. c.90, s.24 and machinery should not be operated.
- I may not distribute marijuana to any other individual and must return unused, excess, or contaminated product to MAC for disposal.
- MAC may refuse to dispense to me, in the opinion of the dispensary agent, by doing so may present a risk to myself or the public. In this event, I understand that my physician may be notified within 24 hours.
- To abide by Massachusetts law and release all claims against MAC from any liability related to marijuana use.
- I have received the MAC patient handbook.

Signature_______________________________________**Date**_______________________