

BCCCS Visitor's Statement

Personal affirmation of reason for medicinal use of cannabis must be validated on this form by the visiting adult cannabis patient, aged 19+.

Visitor's Name: _____
First Last D.O.B

I confirm that I can be reached at phone #: () Email: _____

I affirm my diagnosis to be _____

I am presenting symptoms of _____

I affirm that my symptoms are helped by cannabis and therefore, on the basis of my knowledge, I should have access to it. A practitioner has not confirmed my diagnosis on a BCCCS Practitioner's Statement.

Please leave any additional comments regarding current medications and treatments that may be relevant:

This decision to procure cannabis for my own personal use to help with the above symptoms has been made of my own free will. I acknowledge that despite overwhelming evidence and limited studies that support the effectiveness of cannabis as medicine, the BC Compassion Club Society can make no guarantees or medical claims.

Waiver and indemnification in consideration of the services rendered to me by the BC Compassion Club Society: I hereby agree, for myself and my heirs, executors and assigns, to waive any and all claims against the BC Compassion Club Society and its employees.

I declare that I will not deliver any product procured for me by The BC Compassion Club Society to any other person.

I confirm that I am either 19 years of age or older.

With my signature below as confirmation, I make all the above statements truthfully and in good faith.

I am aware that accessing medicine from the BCCCS does not make it legal for me to possess, consume or transport cannabis. I grant permission to the BC Compassion Club Society to confirm my access should they ever be contacted in relation to my possession of cannabis.

Visitor's Signature: _____

Staff's Signature: _____

Printed Name: _____

Staff's Printed Name: _____

Date Signed: _____

Date Signed: _____



BC Compassion Club Society

www.thecompassionclub.org

2995 Commercial Drive, Vancouver, BC, Coast Salish Territory V5N 4C8

Phone 604 875 0448

Fax 604 875 6083