



## Illinois Medical Cannabis Pilot Program Application for Registry Identification Card for Qualifying Patients Under 18 Years of Age and their Designated Caregivers

**NEW APPLICATION OR RENEWAL** (Check the appropriate answer)

- New:** I have never had an Illinois Medical Cannabis Registry Identification Card.
- Renewal:** I have had an Illinois Medical Cannabis Registry Identification Card.  
My Registry Identification Card Number is \_\_\_\_\_ .

### QUALIFYING PATIENT INFORMATION

Social Security Number (### - ## - #####)		Drivers License #:		Driver's License State:		No Driver's License <input type="checkbox"/>	
First Name			Middle Name		Last Name		
Home Address					County:		
Apartment or Suite #		City		State IL		ZIP Code	
Telephone Number (###-###-####)			E-mail Address				
Date of Birth (mm/dd/yyyy)			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female				

### PHYSICIAN INFORMATION

Name of Hospital, University or Practice				
First Name		Middle Name	Last Name	
Office Address				
Suite #	City		State IL	ZIP Code
Office Telephone Number (###-###-####)		E-mail Address		



## Illinois Medical Cannabis Pilot Program Application for Registry Identification Card for Qualifying Patients Under 18 Years of Age and their Designated Caregivers

### REVIEWING PHYSICIAN INFORMATION

Name of Hospital, University or Practice			
First Name	Middle Name	Last Name	
Office Address			
Suite #	City	State	ZIP Code
Office Telephone Number (###-###-####)	E-mail Address		

### DESIGNATED CAREGIVER INFORMATION

**The custodial parent or legal guardian shall serve as the designated caregiver and shall complete the following information.**

Drivers License #:	Driver's License State:	No Driver's License <input type="checkbox"/>	
First Name	Middle Name	Last Name	
Home Address		County:	
Apartment or Suite #	City	State IL	ZIP Code
Telephone Number (###-###-####)	E-mail Address		
Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		

\_\_\_\_\_  
SIGNATURE of Designated Caregiver

\_\_\_\_\_  
DATE (mm/dd/yyyy)



**Illinois Medical Cannabis Pilot Program**  
**Application for Registry Identification Card for**  
**Qualifying Patients Under 18 Years of Age and their Designated Caregivers**

**Medical Cannabis Dispensary Selection**

Name and Address of Dispensary	
Dispensary District	

You must select a dispensary in order enter into and purchase medical cannabis. The list of dispensaries currently licensed with the state of Illinois can be viewed at <http://www.idfpr.com/Forms/MC/ListofLicensedDispensaries.pdf>



## Illinois Medical Cannabis Pilot Program Application for Registry Identification Card for Qualifying Patients Under 18 Years of Age and their Designated Caregivers

**Certifications** (To be completed by the designated caregiver)

I certify the information provided in this application is true and accurate to the best of my knowledge.

***Submission of false, misleading or inaccurate information in connection with this application is grounds for revocation of the Illinois Medical Cannabis Qualifying Patient Registry Identification Card and other administrative, civil or criminal penalties.***

I additionally certify that I have been given actual Notice and understand that, notwithstanding the Compassionate Use of Medical Cannabis Pilot Program Act (Act):

- (i) cannabis is a prohibited Schedule I controlled substance under federal law;
- (ii) participation in the program is permitted only to the extent provided by the strict requirements of the act;
- (iii) any activity not sanctioned by the act may be a violation of state or federal law and could result in arrest, conviction, or incarceration;
- (iv) growing, distributing, or possessing cannabis under the act, unless done through a federally-approved research program, is a violation of federal law;
- (v) growing, distributing, or possessing cannabis in any capacity, except through a federally-approved research program, may be a violation of state or federal law and could result in arrest, conviction or incarceration;
- (vi) use of medical cannabis, or possessing a medical cannabis patient or caregiver registry card, may affect an individual’s ability to receive or retain federal or state licensure in other areas;
- (vii) use of medical cannabis or possessing a medical cannabis patient or caregiver registry card, in tandem with other conduct, may be a violation of state or federal law and could result in arrest, conviction or incarceration;
- (viii) participation in the Medical Cannabis Pilot Program does not authorize any person to violate federal law or state law,
- (ix) the act does not provide any immunity from or affirmative defense to arrest or prosecution under federal law or state law, other than as set out in 410 ILCS 130/25; and
- (x) applicants shall indemnify, hold harmless, and defend the state of Illinois for any and all civil or criminal penalties resulting from participation in the program.

\_\_\_\_\_  
DESIGNATED CAREGIVER SIGNATURE

\_\_\_\_\_  
DATE (mm/dd/yyyy)

**This application must be submitted to:**

Illinois Department of Public Health  
Division of Medical Cannabis  
535 West Jefferson Street  
Springfield, Illinois 62761-0001