



Patient Identification

Low THC Oil (Cannabidiol) Consent and Waiver

In order to be allowed to possess, use, or administer cannabidiol (also known as Low THC Oil, as defined under Georgia law) on the premises of Children's Healthcare of Atlanta, Inc. ("Children's"), the undersigned, _____ **[patient, parent or legal guardian of _____ (patient)]** on his or her own behalf and on behalf of the patient, acknowledges, accepts, and agrees:

1. I have provided Children's a copy of my Georgia-issued Low THC Oil Registration Card, out of state registration card or my permit issued by an authorized clinical trial program.
2. I attest that if presenting an out of state registration card, I have resided in Georgia for 45 days or less.
3. I attest that if presenting an out-of-state registration card, I will notify Children's if I am still on or return to Children's premises after residence in Georgia 45 days and will do one of the following: Present a Georgia registration card and sign a new waiver or, if I have not obtained a Georgia registration card, I will not bring Low THC Oil (Cannabidiol) onto Children's premises.
4. I may possess Low THC Oil and/or use it on or administer it to the patient, in accordance with Georgia law, on Children's premises.
5. If I do not currently possess Low THC Oil on Children's premises, but bring it onto Children's premises at any time, then I agree I will notify my healthcare provider of my possession of the Low THC Oil so my healthcare provider can follow all Children's policies and procedures (including, but not limited to, verification of the label on the Low THC Oil container) associated with the possession and/or use of Low THC Oil on Children's premises.
6. I understand that the use of cannabinoids and THC containing products has not been approved by the FDA and the clinical benefits are unknown and may cause harm. Since the Low THC Oil is not prepared, dispensed or administered by Children's, I understand and agree that Children's cannot be responsible for verifying any solution or suspension contents or for side effects or adverse effects of the substance.
7. I understand that no employees or agents of Children's are authorized to possess, prescribe, or administer Low THC Oil to the patient and I do so at my own risk and at the risk of the patient.
8. I hereby release, waive, and forever discharge Children's and its employees, officers, directors, trustees and all other persons or entities acting on its behalf, from and all claims, actions, damage liability, cost or expense including attorney fees which are related to or arise out of in any way connected to my or the patient's possession, use or administration of cannabidiol. I waive any rights to sue or exercise any legal right to seek damages against Children's resulting from injury related to the use of cannabidiol/Low THC Oil on the patient.

Signature

Date

Time

Name of Physician Notified _____

Pharmacist/Nurse Signature

Date

Time