



Waiver for Release and Indemnity;
Regarding the Management and Storage of Medical Cannabis Requiring Secure Storage

Affix Patient Label Here

1. This waiver acknowledges that I _____ am solely responsible
Patient or individual requiring safe storage name printed

for the storage, handling, administration, and documentation of medical cannabis prescribed for my use while a patient or my child is a patient at Quinte Health Care (QHC)

2. Signing this waiver indicates I understand that I am to store this product in the secure safe provided by QHC. The safe has a cable attached and must be tethered to the bed at all times.

3. I fully acknowledge that I have been provided instructions on how to access the safe. I acknowledge I am to create my own password for the safe and not share my password with anyone else. If I forget my password, only QHC Pharmacy Staff have access to the key to open the safe.

4. I acknowledge that QHC has provided me with sufficient opportunities to discuss the required storage practices for my product. My questions have been answered to my satisfaction.

5. By signing this waiver, I EXPRESSLY UNDERSTAND it is my responsibility for managing my own supply of medical cannabis. I further hereby undertake to hold and save harmless and agree to indemnify QHC and its respective employees, staff members, directors and officers from and against any and all liability, loss, damage, or claim incurred as the result of my use and storage of my product, however caused, arising prior to, during or after my care/treatment at QHC.

Person requiring storage of product identified below:

Print Name

Signature

Date

Safe # _____ Safe provided to patient and tethered to the patients bed: _____ / _____
Nurse & Patient initial

Instruction provided for how to create the safe password: _____ / _____ Password created by patient _____
Patient/parent & Nurse initial Patient initial

Upon Discharge:

[] Individual retrieves product from Safe
[] Nurse verifies with patient product removed and returned: _____ / _____
Patient/SDM & Nurse initial

[] Cannabis left behind and not picked up by patient/family within 24hrs has been destroyed: _____ / _____
Nurse/Nurse initial

[] Empty safe returned to Pharmacy location for storage
[] Nurse returns Safe # _____ to Pharmacy: _____ / _____
Nurse & Pharmacy Staff initial