

## CONSENT TO OUT OF STATE EDUCATION

I, \_\_\_\_\_, (the Student) am requesting \_\_\_\_\_ (Provider's Name) or another \_\_\_\_\_(Your Clinic's Name) Provider (the Teacher) to provide personalized education via a phone or video chat. In no way is the Teacher creating a physician patient relationship and all communications provided are purely informational and not to be viewed as professional medical advice, nor is the teacher providing the student with either diagnosis or treatment recommendations.

The Student is encouraged to seek out a physician licensed in his/her state for medical care regarding the use of medicinal cannabis. The communication the Teacher provides does not in any way imply the legality of the use of cannabis for medicinal purposes or otherwise within the home state of the student, nor advocate its use by that individual.

I understand that cannabis is not approved by the Federal Food and Drug Administration for medicinal purposes and may contain unknown quantities of active ingredients and may potentially contain contaminants and/or impurities. I understand that the Teacher may not be knowledgeable of all the associated risks involved in the use of a non-FDA approved substance such as cannabis. I acknowledge that there is controversy in the medical/scientific literature available regarding the usage of cannabis and that more research is currently being conducted.

I understand that my state may or may not allow for the legal use of cannabis, its use is not approved under federal law, and that the current and future enforcement action of federal law enforcement officials is uncertain.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date