

Mangum Regional Medical Center

Medical Marijuana Release (NUR-025A)

I, _____ am an Oklahoma license holder for medical marijuana. I have been informed of the hospital’s policy on the restriction to use or consume medical marijuana in any form during my stay in the hospital. I understand this policy applies to all inside and outside areas of the hospital and property that is owned or maintained by the hospital. As a result of this I have been informed of the options listed below regarding medical marijuana:

1. I have been given the opportunity to send my medical marijuana home with a personal representative of my choice if that is my desire. I understand that a copy of my medical marijuana license will be sent home with my personal representative of choice along with any medical marijuana. I agree to release the hospital of any liability for any loss or damage to my medical marijuana product(s) that may occur as a result of my decision to release my medical marijuana to my personal representative of choice.
2. I have been given the opportunity to have my medical marijuana secured as a personal belonging with the hospital administrative staff if that is my desire. I understand that upon discharge from the hospital I will be able to have my medical marijuana returned to me.

Medical Marijuana Release

1. I agree to send my medical marijuana home with my personal representative of choice along with a copy of my medical marijuana license. I have had the opportunity to inspect all product(s) that have been sent with my personal representative.

Patient Name: _____
 Date: _____ Time: _____
 Personal Representative: _____
 Date: _____ Time: _____

2. I agree to have my medical marijuana secured with the hospital administrative staff. I have had the opportunity to inspect all product(s) that have been secured with the hospital administrative staff.

Patient Name: _____
 Date: _____ Time: _____
 Hospital Representative: _____
 Date: _____ Time: _____

Description of Product(s)

Date	Quantity	Description of Product	Patient Initials	Personal Rep Initials	Hospital Rep Initials

Release of Medical Marijuana Upon Patient Discharge

3. My medical marijuana product(s) has been returned to me upon my discharge from the hospital. I have had the opportunity to inspect all product(s) that have been secured for me and find no issues or concerns with my medical marijuana product(s) as released to me by the hospital representative.

Patient Name: _____
 Date: _____ Time: _____
 Hospital Representative: _____
 Date: _____ Time: _____