

**PARENT/MEDICAL PROVIDER REQUEST TO
ADMINISTER MEDICAL MARIJUANA AT SCHOOL**

Student's Name: _____ DOB: _____

School: _____ Grade: _____

Note: Medical marijuana can only be administered at school to a student by a parent, legal guardian, legal custodian, or designated caregiver who has submitted verification from the State that he/she is authorized to administer marijuana to the student on school grounds.

A. To be completed by Physician, Certified Nurse Practitioner or Physician Assistant:

Reason for the use of medical marijuana: _____

The medical marijuana must be administered during school hours: Yes No

If yes, time to be administered: _____

Note: Medical Marijuana may not be held, possessed, or administered by anyone other than the parent, legal guardian, legal custodian, or designated authorized caregiver. The student may only possess medical marijuana during the actual administration process.

Restrictions, including any restrictions on school activities for safety reasons (driving, operating equipment, participating in contact sports, etc.) and/or important potential side effects:

None anticipated

Yes. Please describe in detail: _____

Date of student's certification for medical marijuana use: _____

Date to be discontinued: _____

Any other necessary instructions or information: _____

Note: The school nurse may contact you if there are further questions concerning this request.

Provider's Signature: _____ Date: _____

Printed Name: _____ Address: _____

Phone Number: _____ Fax Number: _____ Email Address: _____

Note: Any changes to the information above shall require a new request/permission form.

B. To be completed by parent/legal guardian/legal custodian:

Form of medical marijuana to be administered: _____

Note: Medical marijuana may only be administered at school in a non-smokable form. Electronic Delivery Systems (vaping devices, vaporizers) are not permitted.

Dosage (amount): _____

I understand and agree that if the school nurse has questions regarding the provider’s recommendation, that the nurse may contact the child’s provider and obtain additional information about the medication. I consent to the provider releasing that information.

I have read Board Policy JLCD – Administering Medication to Students and understand that I must comply with all the requirements concerning the administration of medical marijuana.

The following caregiver has been designated to administer medical marijuana to the student. This caregiver has obtained the required registry identification card. If the designated caregiver is not a parent/legal guardian/legal custodian, he/she has submitted verification from the State that he/she is authorized to administer medical marijuana to a student on school grounds.

Name of Designated Caregiver: _____

Relationship to Student: _____

Signature of Parent/Legal Guardian/Legal Custodian: _____

Date: _____

NOTE: COPIES OF THE FOLLOWING MUST BE ATTACHED TO THIS FORM:

- 1. CURRENT WRITTEN CERTIFICATION FOR THE USE OF MEDICAL MARIJUANA BY THE STUDENT,**
- 2. THE STATE CAREGIVER DESIGNATION FORM, AND**
- 3. THE DESIGNATED CAREGIVER’S REGISTRY IDENTIFICATION CARD.**
- 4. IF THE DESIGNATED CAREGIVER IS NOT A PARENT/LEGAL GUARDIAN/LEGAL CUSTODIAN OF THE STUDENT, DOCUMENTATION THAT THE CAREGIVER IS AUTHORIZED BY THE STATE TO ADMINISTER MARIJUANA TO A STUDENT ON SCHOOL GROUNDS.**

C. To be completed by school:

Date received: _____ By whom: _____

Date reviewed: _____ Reviewed by: _____

Notes: _____

Adopted March 1, 2018

Revised: April 28, 2022