

**Exhibit: Administration of Medical Marijuana to Qualified Students**

**Written Plan**

**TO BE COMPLETED BY THE STUDENT'S PARENT OR GUARDIAN**

Full Legal Name of Qualified Student: \_\_\_\_\_

Student's Medical Marijuana Registration Number: \_\_\_\_\_

Copy of Student's Valid Registration Card has been provided to the school

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Full Legal Name of Student's Primary Caregiver: \_\_\_\_\_

Primary Caregiver's Phone Number: \_\_\_\_\_

Permissible form of medical marijuana to be administered to the qualified student by the student's primary caregiver: \_\_\_\_\_

Administration method to be used by the student's primary caregiver (this information will be used to assist the school district in determining an appropriate location for administration of medical marijuana to the student) \_\_\_\_\_

Dosage: \_\_\_\_\_ Proposed time(s) to administer: \_\_\_\_\_

Explanation for why administration cannot reasonably be accomplished outside of school hours: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, undersigned student, parent or guardian, and primary caregiver hereby acknowledge and agree to the following:

1. I have read and agree to comply with the following Board policies: JLCDB: Administration of Medical Marijuana to Qualified Students; JICH: Drug and Alcohol Involvement by Students; JLCD: Administering Medications to Students; KFA: Public Conduct on District Property.
2. I understand that strict compliance with Board policies and this written plan is required and that permission to administer medical marijuana to a qualified student may be limited or revoked if the qualified student, the student's parent/guardian,

and/or the student's primary caregiver violates this policy or demonstrates an inability to responsibly follow this policy's parameters.

3. I understand that a qualified student is not permitted to possess marijuana, including medical marijuana, on school or District property, a school bus, or at a school-sponsored event.
4. I understand that a qualified student is not permitted to self-administer medical marijuana on school or District property, a school bus, or at a school-sponsored event.
5. I understand that if a qualified student is found to be in possession of marijuana, including medical marijuana, on school or District property, a school bus, or at a school-sponsored event, it shall be confiscated and dealt with in accordance with District policies related to student possession of controlled substances or alcohol.
6. I assume all responsibility for the provision, administration, maintenance, and use of medical marijuana to the Qualified Student listed herein.
7. I understand that as soon as the designated primary caregiver completes the medical marijuana administration, the designated primary caregiver or parent/guardian must remove any remaining medical marijuana from the grounds of the school, District, school bus, or school-sponsored event. I understand that school personnel are strictly prohibited from administering or holding medical marijuana in any form.
8. I understand that the District, with my input, will determine a designated location and any protocols regarding the administration of medical marijuana to the Qualified Student. I understand that this plan does not allow for the administration of medical marijuana on federal property or any location that prohibits marijuana on its property.
9. I understand that permission to administer medical marijuana in accordance with this plan may be revoked for failure to comply with the Board's policy on the administration of medical marijuana to qualified students or other applicable board policies.
10. I understand that under Federal law, marijuana in any form, including medical marijuana, is an illegal controlled substance and schools are Drug-Free Zones. Mapleton Public Schools relies on Federal funding and intends to comply fully with Federal law. In the event that the Federal government indicates that the District's federal funds are jeopardized by allowing administration of medical marijuana to qualified students pursuant to State law, the District will immediately revoke permission and prohibit the administration of any form of medical marijuana to qualified students on school property, on a school bus, or at a school-sponsored event. I agree to comply fully, should this occur.



**JLCDB-E**

By signing below, I hereby release Mapleton Public Schools and its personnel from any legal claim which I now have or may hereafter have arising out of the administration of medical marijuana to the qualified student listed herein.

Today's Date \_\_\_\_\_

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

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

\_\_\_\_\_  
Signature of Designated Primary Caregiver

**TO BE COMPLETED BY THE SCHOOL**

I have reviewed and retained a copy of the Qualified Student's registration from the State of Colorado authorizing the student to receive medical marijuana.

The expiration date is \_\_\_\_\_.

After receiving input from the student's parent or guardian and/or primary caregiver, I have conditionally approved the student's identified primary caregiver listed herein to administer the permissible form of medical marijuana identified above in the following designated location(s): \_\_\_\_\_ at the following designated time(s): \_\_\_\_\_.

Such administration shall occur in accordance with the following protocol(s):

\_\_\_\_\_  
\_\_\_\_\_

This written plan is valid until \_\_\_\_\_  
(the latest valid date shall be the expiration date the Qualified Student's registration from the State of Colorado authorizing the student to receive medical marijuana.)

Today's Date \_\_\_\_\_

\_\_\_\_\_  
Name of School Director (or designee)

\_\_\_\_\_  
Signature of School Director (or designee)



**JLCDB-E**

Issued October 23, 2018.