

**Administration of Medical Marijuana to Qualified Students  
Written Plan - Volunteer School Personnel**

**To be completed by the qualified student's parent or legal guardian**

Name of qualified student \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Name(s) of volunteer school personnel

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

Permissible form of medical marijuana to be administered to the qualified student by the student's primary caregiver(s). *(Circle all applicable forms)*

Oil    Tincture    Edible    Lotion    Other (please explain): \_\_\_\_\_

Explain in detail the administration method to be used by the student's primary caregiver to assist the school in determining an appropriate location for such administration:

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

Dosage amount \_\_\_\_\_

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

Secure storage location and instructions \_\_\_\_\_

Parent(s) or guardian(s) secure medical marijuana drop off and pick up procedure \_\_\_\_\_

[Note: This written plan will not be completed until you have provided the school with your student's valid recommendation for medical marijuana from a licensed physician and a copy of a valid registration from the state of Colorado authorizing the student to receive medical marijuana during school hours.]

By initialing the following paragraphs and signing below, the undersigned parent(s) or

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guardian(s) hereby acknowledges:

\_\_\_\_\_The student named above was designated by the school as a “qualified student” to receive medical marijuana pursuant to Policy JLCDB on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_I have read and agree to comply with the board's policy JLCDB regarding the administration of a permissible form of medical marijuana to qualified students in a designated location.

\_\_\_\_\_I assume all responsibility for the provision and use of medical marijuana to the student named herein.

\_\_\_\_\_I grant permission for the designated volunteer personnel to store, administer or assist in the administration of the medical marijuana to my child.

\_\_\_\_\_I understand that the district, with my input, will determine a designated location and any protocols regarding the administration of medical marijuana the qualified student and that this plan does not allow for the administration of medical marijuana on federal property or any location that prohibits marijuana on its property.

\_\_\_\_\_I understand that the district, in its sole discretion, will determine either the location of a locked storage container to store the medical marijuana during the school day or school-sponsored event, and that at the end of each school day or the school-sponsored event, I or my designated primary caregiver must remove any remaining medical marijuana or medical marijuana consumer waste from the grounds of the school, district, school bus or school-sponsored event.

\_\_\_\_\_I understand that if the school personnel volunteer is unavailable for any reason, the District will not provide an alternative person to administer the permissible form of medical marijuana to the qualified student.

\_\_\_\_\_I understand that permission to administer medical marijuana in accordance with this plan may be revoked for the failure to comply with the board's policy on the administration of medical marijuana to qualified students or other applicable board policies.

\_\_\_\_\_I understand that student possession, use, distribution, sale or being under the influence of marijuana inconsistent with Board Policy JLCDB may be considered a violation of Board policy concerning drug and alcohol involvement by students or other Board policy and may subject the student to disciplinary consequences, including suspension and/or expulsion, in accordance with applicable Board policy.

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By signing below, I agree for myself and on behalf of my child named herein, to release and hold harmless the Thompson School District, its elected officials, employees, officers, and agents (“Released Parties”) from any and all liability, claims, cause of action, damages, injuries or expenses that my child may suffer directly or indirectly as a result of, but not limited to, the administration of medical marijuana to my child. Further, I agree to indemnify the Released Parties and each of them for any and all expenses incurred, including without limitation, attorney’s fees and costs, as the result of any claim brought against any of the Released Parties by anyone relating in any way to the acts or omissions of the volunteer or injury or loss sustained by my child as a result of, but not limited to, the administration of medical marijuana to my child.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Signature of qualified student (if capable)

**To be completed by the volunteer school personnel**

By initialing the following paragraphs and signing below, the undersigned volunteer(s) hereby acknowledges:

\_\_\_\_\_ I have read and agree to comply with the board’s policy regarding the administration of medical marijuana to qualified students.

\_\_\_\_\_ I have read and understand the student’s written plan for the administration of medical marijuana.

\_\_\_\_\_ I assume all responsibility for the administration of medical marijuana to the student and maintenance of the student’s medical marijuana by ensuring that it is securely stored in the location as designated by the district-when not in use.

\_\_\_\_\_ I understand that permission to administer medical marijuana in accordance with this plan may be revoked for the failure to comply with the board’s policy on the administration of medical marijuana to qualified students or other applicable board policies.

\_\_\_\_\_ I understand that I can discontinue administering the permissible form of medical marijuana at any time for any reason by notifying my building administrator.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of volunteer

\_\_\_\_\_  
Signature of volunteer

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## To be completed by the school

I have reviewed a copy of the student's registration from the state of Colorado authorizing the student to receive medical marijuana. The expiration date is\_\_\_\_\_.

I have reviewed the qualified student’s valid recommendation for medical marijuana from a licensed physician.

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

\_\_\_\_\_  
\_\_\_\_\_.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Date \_\_\_\_\_

\_\_\_\_\_  
Name of principal or designee

\_\_\_\_\_  
Signature of principal or designee

Make copies and distribute within 2 working days to:

- Primary Caregiver if different from parent
- Learning Services
- Original to School Principal

Adopted: May 4, 2022