

**RSU 56 SCHOOL DEPARTMENT PARENT/MEDICAL PROVIDER REQUEST TO
ADMINISTER MEDICAL MARIJUANA AT SCHOOL**

Student's Name: _____

School: _____ Grade: _____ Teacher: _____

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

Reason for use of medical marijuana: _____

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

If yes, time to be administered: _____

Restrictions (including any restrictions on school activities for safety reasons) and/or important 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 nonsmokeable form (vaporizers are not permitted).*

Dosage (amount): _____

I understand and agree that if the school nurse has questions regarding the provider's order, 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 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 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: July 11, 2017

First Reading: March 12, 2019

Second Reading: March 26, 2019

Revised: March 26, 2019