

KITTERY SCHOOL DISTRICT

Parent/Medical Provider Request To Administer Medical Marijuana at School

Student's Name		Grade	
School		Teacher	

(A) To be COMPLETED by Physician or Certified Nurse Practitioner or Physician Assistant:

Reason for use of medical marijuana					
The medical marijuana <u>must</u> be administered during school hours:	Check ONE:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<i>If yes, time to administered:</i>					
Restrictions (including any restrictions on school activities for safety reasons) and/or important side effects:	Check ONE:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NONE anticipated
<i>If yes, please describe in detail:</i>					

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/guardian/legal custodian:

Form of medical marijuana to be administered: <i>Note: Medical marijuana may only be administered at school in nonsmokeable form (vaporizers are not permitted).</i>	
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 been provided and read School Committee policy JLCDA – Administering Medical Marijuana in Schools 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: