

**CODE: JLCDA-E (ADMINISTERING MEDICAL MARIJUANA IN SCHOOLS FORM)**

Parent/Medical Provider Request To Administer Medical Marijuana at School

Student's Name		Grade	
School		Teacher	
Date of Birth: <i>(Note: Medical marijuana can only be administered at school to a student UNDER the age of 18)</i>			

**(A) To be COMPLETED by PHYSICIAN or CERTIFIED NURSE Practitioner:**

Reason for use of medical marijuana	
Form of medical marijuana (Note: medical marijuana may only be administered at school in a non-smokeable form)	
Dosage (amount)	

Frequency of use	
------------------	--

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

Restrictions (including any restrictions on school activities for safety reasons) and/or important side effects:  None anticipated  Yes, Please describe in detail

--

Date prescribed	
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	
PRINT Name			
Address			
Phone Number		Fax Number:	
E-Mail Address			

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

**(B) To be completed by parent/guardian/legal custodian (designated “primary caregiver” under Maine Law for medical use of marijuana purposes):**

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 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.

(1)

Signature			
Print Name			
Relationship		Date	

(2)

Signature			
Print Name			
Relationship		Date	

NOTE: A COPY OF THE CURRENT WRITTEN CERTIFICATION FOR THE USE OF MEDICAL MARIJUANA MUST BE ATTACHED TO THIS FORM.

**(C) To be completed by school:**

Date Received	
By Whom	
Date Reviewed	
Reviewed By	

Notes:

--