

# JLCDA-E1 - Medical Marijuana Parent/Provider Request Form to Administer at School

## JLCDA-E1 - Medical Marijuana Parent/Provider Request Form to Administer at School

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

Student's Name:

Birth date:

School:

Teacher:

Grade:

Reason for use of medical marijuana:

---

---

---

---

Form of medical marijuana:

***Note: Medical marijuana may only be administered at school in non-smokable form***

Dosage (amount):

The Medical marijuana must be administered during school hours.

Please circle: YES or NO    If yes, specific time to be administered: \_\_\_\_\_

Restrictions (including any restrictions on school activities for safety reasons) and/or important side effects. Please check a box below.

( ) No restrictions anticipated

( ) Yes, restrictions – please describe in detail:

---

---

---

---

Date medical marijuana prescribed:

Date medical marijuana to be discontinued:

Any other necessary instructions or information:

---

---

---

***Note: The school nurse may contact you if there are further questions concerning this request. Any changes to the information shall require a new request form.***

Provider's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

***B. To be completed by parent/guardian/legal custodian:***

*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 JLCDA-Medical Marijuana in Schools and understand that I must comply with all the requirements concerning the administration of medical marijuana.*

**Parent/Guardian/Legal Custodian signature required.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**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 the required authorization from the State that he/she is authorized to administer marijuana to a student on school grounds.**

**Name of Designated Caregiver:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**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.
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 has is authorization by the state to administer marijuana to a student on school grounds.

**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 the school:**

**Date request form received:** \_\_\_\_\_

**Received by:** \_\_\_\_\_

**Date request form reviewed:** \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_

**Please circle, the request has been: Approved or Not Approved**

Adopted: February 28, 2018

Policy Reviewed/Revised: October 20, 2021

Revision #1

Created 3 October 2022 15:03:37 by Elaine Robinson

Updated 16 March 2023 17:44:11 by Elaine Robinson