

**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.**

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**C. To be completed by school:**

Date received: \_\_\_\_\_ By whom: \_\_\_\_\_

Date reviewed: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Notes: \_\_\_\_\_