

**RSU #16** (Mechanic Falls, Minot, Poland) msm

**Policy Code: JLCDA-E**

**Adopted: April 2019**

**Revised:**

**PARENT/MEDICAL PROVIDER REQUEST  
TO ADMINISTER  
MEDICAL MARIJUANA AT SCHOOL**

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

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

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.**

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: A COPY OF THE CURRENT WRITTEN CERTIFICATION FOR THE USE OF MEDICAL MARIJUANA MUST BE ATTACHED TO THIS 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 non-smokeable form (vaporizers are not permitted).**

Dosage (amount): \_\_\_\_\_

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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 Medical 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*
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 ground.*

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

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

**Date reviewed:** \_\_\_\_\_ **By Whom:** \_\_\_\_\_

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

**SIGNATURE BLOCK:**

RSU #16 School Board

\_\_\_\_\_  
Mary Martin, Chair

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Joe Parent, Vice Chair

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Travis Ritchie

\_\_\_\_\_  
DATE

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**Revised:**

Scott Lessard

DATE

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Louis Goulet

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DATE

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Mike Downing

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DATE

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Ed Rabasco, Jr.

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DATE

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Laura Hemond

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DATE

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Steve Holbrook

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DATE

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Melanie Harvey

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DATE

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Norm Davis

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DATE

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Julie Rioux

---

DATE

---

Norm Beuparlant

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DATE

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Lisa Dulac

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DATE