

## Request/Permission to Administer Medical Marijuana in School

NEPN/NSBA Code: JLCDA-E

### Parent/Medical provider request to Administer Marijuana at School

Students Name \_\_\_\_\_ DOB \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_

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

Reason for use of Medical Marijuana	
Form of Medical Marijuana (must be non smokeable/ vapable form)	
Dosage, time and Frequency	

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

Any restrictions on school activities for safety reasons and/or important side effects:

None anticipated  Yes, Please describe \_\_\_\_\_

Provider's Signature	Date
PRINT Name	
Address	
Phone number	

**(B) To be completed by parent/guardian/legal custodian (designated "Primary Caregiver" under Maine Law for medical use of marijuana).**

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 RSU 78 School Board Policy JLCD.

Signature	Date
Print Name	
Relationship	

**NOTE:** A **Copy** of the current written certification for the use of medical marijuana must be attached to this form.

Original written certification must be shown to school employee at time of processing request.

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

Signature of Administrator	Date
Signature of Nurse	Date

**Notes:**

**Adopt: August 8, 2019; Reviewed 6.5.2023**