

# MT. BLUE REGIONAL SCHOOL DISTRICT

CHESTERVILLE – FARMINGTON – INDUSTRY – NEW SHARON – NEW VINEYARD – STARKS – TEMPLE – VIENNA – WELD – WILTON

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## REQUEST TO ADMINISTER MEDICAL MARIJUANA AT SCHOOL

Student's Name: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
HR Teacher/Advisor/ Guidance Counselor: \_\_\_\_\_

### **A. To be completed by Provider: 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, the time to be administered: \_\_\_\_\_

Restrictions (including any restrictions on school activities for safety reasons) and/or important side effects: \_\_\_ None anticipated  
\_\_\_ Yes. If 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: \_\_\_\_\_  
Dosage (amount): \_\_\_\_\_

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

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## B. To be completed by Parent/Legal Guardian/Legal Custodian:

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, including:

- There must be a designated caregiver who will administer the medical marijuana to the student. School staff are prohibited from doing so.
- This caregiver must have obtained the required registry identification card from the Maine Medical Marijuana Program.
- If the designated caregiver is not a parent/legal guardian/legal custodian, they must submit verification from the State that they are authorized to administer marijuana to a student on school grounds.
- Medical marijuana may only be administered by the designated caregiver in the school nurse's office.

Form of medical marijuana to be administered: \_\_\_\_\_

Note: May only be administered at school in non-smokeable form (*vaporizers not permitted*).

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

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

*I understand and agree that if the school nurse has questions regarding the provider's order, the nurse may contact the child's provider and obtain additional information about the medication. I consent to the provider releasing that information.*

Signature of Parent/Legal Guardian/ 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/ custodian of the student, documentation that the caregiver is authorized by the state to administer marijuana to a student on school grounds must be provided.

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## C. To be completed by School:

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

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

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