

**SAD 59 SCHOOL DEPARTMENT
PARENT/MEDICAL PROVIDER REQUEST TO ADMINISTER MEDICAL
MARIJUANA AT SCHOOL**

Student's Name: _____

DOB*: _____ *Note: Medical marijuana can only be administered at school to a student under the age of 18.*

School: _____ Grade: _____ Teacher: _____

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

Reason for use of medical marijuana: _____

Form of medical marijuana: _____
Note: Medical marijuana may only be administered at school in nonsmokeable form.

Dosage (amount): _____

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 prescribed: _____

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/guardian/legal custodian (designated “primary caregiver” under Maine law for medical use of marijuana purposes):

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.

Signature: _____ Relationship: _____

Date: _____

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 school:

Date received: _____ By whom: _____

Date reviewed: _____ Reviewed by: _____

Notes:
