



Parent/Guardian Request to Administer Medical Marijuana in a Nonsmokeable Form on District Property and/or at a District or School-Sponsored Activity or Event

This Request, along with the original state of Colorado written authorization for medical marijuana to be administered to the student, must be presented in person to the school principal or principal's designee. All authorizations expire July 31st of the current school year.

Parent/Guardian

Student's Name: _____ Student ID#: _____

Parent(s)/Guardian(s) making the request: _____

Requested form of medical marijuana to be administered (e.g., oral, topical):

Requested time(s) of day for the medical marijuana to be administered:

List the name(s) of the primary caregiver(s) who will be administering the medical marijuana, and their relationship to the student (Must be the student's parent/guardian or licensed physician or licensed nurse employed by student's parent/guardian):

Please provide information regarding any protocol governing how the medical marijuana is to be administered:

I/We understand and acknowledge that failure to strictly comply with the terms and conditions of the "Medical Marijuana" section of District Policy JLCD may result in loss of permission to administer medical marijuana to my/our child on District property and at District or school-sponsored activities and events.

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date

Principal or Principal's Designee

Copy of original state of Colorado written authorization for medical marijuana to be administered to the student received from student's parent/guardian.

Location(s) designated by principal or principal's designee for administering medical marijuana to the student:

Time(s) designated by principal or principal's designee for administering medical marijuana to the student:

Principal's or Principal's Designee's Signature

Date

Maintain this written request in final form signed by the student's parent/guardian and the principal or principal's designee along with the copy of the state of Colorado written authorization for medical marijuana to be administered to the student with the student's confidential medical records.