

WRITTEN PLAN

ADMINISTRATION OF MEDICAL MARIJUANA TO QUALIFIED STUDENTS

Name of Qualified Student: _____

Student Number: _____

Parent/Guardian Name: _____

School: _____

TO BE COMPLETED BY PARENT OR GUARDIAN

I certify that I have read St. Vrain Valley School District Board Policy JLCD regarding the administration of medical marijuana to qualified students, and I hereby request the St. Vrain Valley School District permit the below identified primary caregiver or volunteer permission to administer a permissible form of medical marijuana to my child as described in this written plan. I understand this written plan is only good for the current school year, until the expiration date on my child's medical marijuana registry card, or until this policy is suspended, whichever is earlier in time. I understand that:

By initialing the following paragraphs and signing below, the undersigned parent(s) or guardian(s) hereby acknowledges:

_____ I have read and agree to comply with the board's policy (JLCD) regarding the administration of medical marijuana to qualified students.

_____ I assume all responsibility for the provision, administration, maintenance, and use of medical marijuana to my child.

_____ I understand that I am only permitted to bring one-day's dose of medical marijuana on school grounds each day. I am not permitted to bring extra dosages.

_____ I understand that as soon as I or my designated primary caregiver complete the medical marijuana administration, I or my designated primary caregiver must remove any remaining medical marijuana from the grounds of the school, district, school bus, or school-sponsored event. I understand that I am not permitted to leave medical marijuana on campus overnight.

_____ I understand that the district, in its sole discretion, will determine a designated location and any protocols regarding the administration of medical marijuana to my child and that this plan does not allow for the administration of medical marijuana on federal property or any location that prohibits marijuana on its property.

_____ I understand that permission to administer medical marijuana in accordance with this plan may be revoked for the failure to comply with the board's policy on the administration of medical marijuana to qualified students or other applicable board policies.

I have attached my student's licensed physician's medical marijuana recommendation and hereby certify that this written plan is consistent with that recommendation.

Type of permissible medical marijuana to be administered to my child (circle):

Oil Tincture Edible Lotion Other, please explain _____

Please explain the administration method in enough detail in order for the school to determine an appropriate location for administration of medical marijuana that does not create a risk of disruption to the education environment or exposure to other students. At a minimum, include administration, dosage amounts and times to be given.

I have identified the following person as the primary caregiver:

Date: _____

Primary Caregiver(s) Name(s): _____

Home/Work Phone(s): _____

By signing below, I agree on behalf of myself and my child, the qualified student named herein, to release, indemnify, defend, and hold the St. Vrain Valley School District, its employees, officers, agents, and assigns harmless from any and all liability, claims, demands, personal injury, including death, actions, and causes of action arising, directly or indirectly, from my child's use and/or consumption of medical marijuana or this written plan.

Parent(s)/Guardian(s) Signature: _____

Home/Work Phone: _____

TO BE COMPLETED BY THE VOLUNTEER SCHOOL PERSONNEL

Name(s) of volunteer school personnel

By initialing the following paragraphs and signing below, the undersigned volunteer(s) hereby acknowledges:

_____ I have read and agree to comply with the board's policy (JLCD) regarding the administration of medical marijuana to qualified students.

_____ I have read and understand the student's written plan for the administration of medical marijuana.

_____ I understand I am only authorized to administer the permissible form of medical marijuana to the qualified student in the approved manner listed in this written plan.

_____ I will maintain only the daily recommended dosage stated in the recommendation plan of the student's medical marijuana by ensuring that it is securely stored in the designated location when not in use during the school day. At no time will medical marijuana be stored overnight on school property.

_____ I understand that permission to administer medical marijuana in accordance with this plan may be revoked for the failure to comply with the board's policy on the administration of medical marijuana to qualified students or other applicable board policies.

Signature of volunteer: _____

TO BE COMPLETED BY PRIMARY CAREGIVER

By initialing the following paragraphs and signing below, the undersigned primary care giver(s) hereby acknowledges:

_____ I have read and agree to comply with the board's policy (JLCD) regarding the administration of medical marijuana to qualified students.

_____ I have read and understand the student's written plan for the administration of medical marijuana.

_____ I understand I am only authorized to administer the permissible form of medical marijuana to the qualified student in the approved manner listed in this written plan.

_____ I understand that as soon as I or my designated primary caregiver complete the medical marijuana administration, I or my designated primary caregiver must remove any remaining medical marijuana from the grounds of the school, district, school bus, or school-sponsored event. I understand that I am not permitted to leave medical marijuana on campus overnight.

_____ I understand that permission to administer medical marijuana in accordance with this plan may be revoked for the failure to comply with the board's policy on the administration of medical marijuana to qualified students or other applicable board policies

Signature of Primary Caregiver: _____

TO BE COMPLETED BY DIRECTOR OF STUDENT SERVICES (OR DESIGNEE)

After receiving input from the qualified student's parent/guardian, I have conditionally approved that the primary caregiver may administer the permissible form of medical marijuana to the qualified student noted on this written plan in the following designated location with the following protocols.

Director of Student Services (or designee) Name: _____

Signature: _____ Date: _____

Make copies of the Written plan and distribute within 2 working days to:

- Parent/Guardian
- Primary Caregiver (if different from parent/guardian)
- School Principal
- Director of Student Services (or designee)

Adopted: March 8, 2017

Revised: September 22, 2021

St. Vrain Valley School District RE-1J, Longmont, Colorado