

**WRITTEN PLAN**

**ADMINISTRATION OF MEDICAL MARIJUANA TO QUALIFIED STUDENTS**

Student Name: \_\_\_\_\_ 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 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:

\_\_\_\_\_ (Initial) A permissible form of marijuana means nonsmokeable products such as oils, tinctures, edible products or lotions that can be administered and fully ingested or absorbed in a short period of time.

\_\_\_\_\_ (Initial) A qualified student means a student who holds a valid registration issued by the Colorado Department of Public Health and Environment that requires the administration of medical marijuana during school hours or while on a school bus or attending a school-sponsored event.

\_\_\_\_\_ (Initial) A primary caregiver means the qualified student's parent, legal guardian or licensed medical professional.

\_\_\_\_\_ (Initial) The district, with my input, will determine a designated location and any protocols regarding the administration of a permissible form and dose of medical marijuana.

\_\_\_\_\_ (Initial) This written plan does not provide permission for the administration of medical marijuana on federal property or any location that prohibits marijuana on its property.

\_\_\_\_\_ (Initial) Permission to administer medical marijuana in accordance with this written plan may be revoked if my child or the primary caregiver violates district policy, violates this written plan or demonstrates an inability to responsibly follow the parameters of this written policy.

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.

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\_\_\_\_\_ (Parent/Guardian Initial) On behalf of myself and my child, the qualified student named herein, I agree 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 from my child's use and/or consumption of medical marijuana.

I have identified the following person as the primary caregiver:

Date: \_\_\_\_\_

Primary Caregiver Name: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_

**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.

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Director of Student Services (or designee) Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY PRIMARY CAREGIVER**

As the primary caregiver:

\_\_\_\_\_ (Initial) I understand that when seeking access to school, a school bus or school-sponsored event for purposes of administering medical marijuana, I must comply with district policies and this written plan. It is my responsibility to plan accordingly for field trips and any change to the normal school schedule such as an early release day.

\_\_\_\_\_ (Initial) I understand that I am only authorized to administer the permissible form of medical marijuana to the qualified student in the approved manner as listed on this written plan.

\_\_\_\_\_ (Initial) I understand that as soon as I complete the medical marijuana administration, I am to leave the school, school bus, or school-supervised event with all remaining medical marijuana.

\_\_\_\_\_ (Initial) I agree 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 from the administration of medical marijuana in compliance with this written plan.

Signature of Primary Caregiver: \_\_\_\_\_

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

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