ADMINISTRATION OF MEDICAL MARIJUANA TO QUALIFIED STUDENTS BY VOLUNTEER PERSONNEL

(Written Plan)

To be completed by the student's parent or guardian

Name of qualified student: _____

School: _____ Grade: _____

Name of student's primary caregiver: _____

Primary caregiver's phone number: _____

Name(s) of volunteer school personnel _____

Permissible form of medical marijuana to be administered to the qualified student by the designation volunteer school personnel:

_____

_____

Administration method to be used by the designated volunteer school personnel (to assist the school district in determining an appropriate location for administration of medical marijuana to the student):

_____

Dosage amount: _____

Proposed times to administer: _____

Secure Storage location _____

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 District's policy regarding the administration of medical marijuana to qualified students.

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

_____ I grant permission for the designated volunteer school personnel to store, administer, or assist in the administration of medical marijuana to my child.

_____ I understand that the District, with my input, 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 District' policy on the administration of medical marijuana to qualified students or other applicable District policies.

By signing below, I hereby release the Steamboat Springs School District RE-2 and its personnel from any legal claim which I now have or may hereafter have arising out of the administration of medical marijuana to my child.

Date _____ _____
Signature of parent or guardian

Date _____ _____
Signature of parent or guardian

Date _____ _____
Signature of qualified student (if capable)

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 District's policy 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 assume all responsibility for the administration of medical marijuana to the student and maintenance of the student's medical marijuana by ensuring that it is securely stored in the designated location when not in use.

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

Date _____ _____
Signature of volunteer

_____
Signature of volunteer

To be completed by the school

I have reviewed a copy of the student's registration from the state of Colorado authorizing the student to receive medical marijuana. The expiration date is _____.

After receiving input from the student's parent or guardian, I have conditionally approved the designated volunteer school personnel to administer the permissible form of medical marijuana identified above in the following designated location(s):

_____
_____

Such administration must occur in accordance with the following protocol(s):

_____
_____

Date _____ _____
Name of principal or designee

_____
Signature of principal or designee

Adopted: November 9, 2021

CROSS REFS: S-29: Drug, Alcohol and Controlled Substance Offenses by Students
S-46: Administering Medications to Students
S-46-A: Administration of Medical Marijuana to Qualified Students
S-46-R: Regulation of Administering Medications to Students
S-46-E-1: Administration of Medical Marijuana by Primary Caregiver
F-23: Public Conduct on District Property