

Wall School District: JHCDE-E(1) Medical Cannabis Administration Plan

Before the administration of medical cannabis on school property or at a school-sponsored activity, at the beginning of each school year and at any time when the qualifying student's administration of medical cannabis changes, the student's parent/guardian must complete and submit to the district this form, the student's registry identification card, the designated caregiver(s) card, and a written signed certification¹ by the recommending practitioner that also includes the dosage, frequency or time of administration, and length of time between dosages.

To be completed by the parent/guardian:

Name of Qualifying Student: _____

School: _____ Grade: _____

Name and Phone Number of Student's Designated Caregiver(s): _____

By initialing the following statements and signing below, the undersigned parent/guardian hereby acknowledges:

____ I have read and agree to comply with the procedure regarding the administration of medical cannabis to qualifying students as outlined in Policy JHCDE.

____ I assume all responsibility for the provision, administration, maintenance, possession, storage and use of medical cannabis to my child.

____ I understand that no school personnel are required to administer medical cannabis to my child, and that only a registered designated caregiver will be allowed to administer medical cannabis to my child.

____ I understand that I or the designated caregiver for my child will not at any time possess on school property an amount of medical cannabis that exceeds my child's prescribed daily dosage, that it will be transported in a container that meets the packaging and labeling requirements specified by the South Dakota Department of Health, and that as soon as I or my child's designated caregiver administer the dosage of medical cannabis, I or my child's designated caregiver must remove any remaining cannabis from the school property or school-sponsored activity.

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

____ I agree to notify the School District of any change in circumstances as outlined in Policy JHCDE.

____ I understand that permission to administer medical cannabis in accordance with this plan may be revoked for the failure to comply with the procedure, rules, or requirements of the administration of medical cannabis to qualifying students or other policies.

By signing below, I hereby release and hold harmless the School District, its officers, agents, employees, and volunteers from any and all liability, damages, injury or other legal claims which I now have or may hereafter have arising out of the administration of medical cannabis to my child.

Date: _____ Signature of parent or guardian

¹“Written certification” means the completed South Dakota Department of Health form dated and signed by a physician who is licensed with authority to prescribe drugs to humans, stating that in his/her professional opinion the patient is likely to receive a therapeutic or palliative benefit from the medical use of cannabis to treat or alleviate the patient's debilitating medical condition or symptom associated with the debilitating medical condition. The document must specify the patient's debilitating medical condition and that it is made in the course of a bona fide practitioner-patient relationship.

²“Qualifying student” means a student who possesses a valid registry identification card approved by the State of South Dakota Department of Health for the use of medical cannabis.

³“Designated caregiver” means the qualifying student's parent, guardian, or other responsible adult over twenty-one years of age who is the qualifying student's registered designated caregiver and who has a caregiver's card approved by the SD Department of Health. In no event shall another student be recognized as a designated caregiver. A designated caregiver is the only individual permitted to possess and administer to a qualifying student.

To be completed by the school:

I have received the following:

____ Student's registry identification card approved by the State of South Dakota Department of Health authorizing the administration of medical cannabis to the student. The expiration date is: _____

____ The designated caregiver(s) card approved by the State of South Dakota Department of Health authorizing the administration of medical cannabis to the student.

____ Written certification signed by the recommending practitioner that also includes the dosage, frequency or time of administration, and length of time between dosages.

The student's identified designated caregiver's administration of the permissible form of medical cannabis in the designated location has been conditionally approved as follows:

Permissible form(s) of medical cannabis to be administered:

Oil/Lotion Tincture Edible Product Other: _____ Administration method to be used:

_____ Dosage Amount: _____ Time(s) to be

Administered: _____ Location of administration on school property or at a school-sponsored

activity: _____

Date: _____

Name and Signature of Nurse: _____ Name and

Signature of Administrator: _____

Copies of the current registry identification card and the registered designated caregiver(s) card will be retained in the student's educational record and updated as needed.

Provide copies of the Administration Plan to:

- Parent/Guardian
- Designated Caregiver (if different than parent/guardian)
- School Principal
- Student's Teacher(s)
- School Nurse

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