**ADMINISTRATION OF MEDICAL CANNABIS AUTHORIZATION**

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**PARENT/LEGAL GUARDIAN AUTHORIZATION**

I/We request designated school personnel to administer the medication as recommended by the certifying medical cannabis provider. I/We certify that I/We have legal authority to consent to medical treatment for the student named above, including the administration of medical cannabis in school. I/We authorize the designated school personnel to communicate with the certifying provider as provided by HIPAA.

Parent/Legal Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_

**If more than one Parent/Legal Guardian:**

Parent/Legal Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/LEGAL GUARDIAN WAIVER OF LIABILITY**

**I/WE ACKNOWLEDGE ASSUMING ALL RESPONSIBILITY FOR THE PROVISION, ADMINISTRATION, MAINTENANCE AND USE OF MEDICAL CANNABIS UNDER STATE LAW. I/WE RELEASE THE SCHOOL DISTRICT AND ITS AGENTS FROM LIABILITY FOR ANY INJURY THAT MAY OCCUR WHILE ACTING PURSUANT TO THE SCHOOL HEALTH GUIDELINES ON THE ADMINISTRATION OF MEDICAL CANNABIS ON SCHOOL PROPERTY, AT SCHOOL-SPONSORED ACTIVITIES, AND ON A SCHOOL BUS.**

Parent/Legal Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_

**If more than one Parent/Legal Guardian:**

Parent/Legal Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_