



## Cannabis Administration Attestation

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Student ID \_\_\_\_\_  
is receiving the following cannabis product:

Cannabis Product Description: \_\_\_\_\_

Mode of Administration: (check all that apply)     \_\_\_Oral     \_\_\_Topical     \_\_\_Patch

Copy of Medical Marijuana Registration Card received and uploaded to IC \_\_\_\_\_ Yes

Name(s) of parent/legal guardian who will be administering cannabis:  
\_\_\_\_\_

Location in the building where substance is given: \_\_\_\_\_

Staff member(s) overseeing administration: \_\_\_\_\_

I, \_\_\_\_\_, hereby release the school and district from  
(print parent name)  
any and all legal liability and financial responsibility to this student and any third party, related to the administration of cannabis product to my student, on school property or at a school sponsored event.

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

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

Nurse Consultant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Revised 10/29/18 Adopted by Superintendent's Cabinet 11.07.18