



## Hemp Administration Attestation

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

Hemp Product Description: \_\_\_\_\_

THC Level of product: \_\_\_\_\_

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

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

Location of in the building where substance will be 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 this hemp or CBD oil product to my student, on school property or at a school sponsored event.

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

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### Physician Attestation:

I am aware that the above student is being administered the product listed here, using the listed method of delivery, for the following condition \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

Contact number: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 10/29/18 Adopted by Superintendent's Cabinet 11/7/18