

ADMINISTRATION OF MEDICAL MARIJUANA TO QUALIFIED STUDENTS

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The Board strives to honor families' private medical decisions while ensuring a learning environment free of disruption. To accomplish these goals, the district restricts the administration of medications, including medical marijuana, during school hours unless administration cannot reasonably be accomplished outside of school hours.

Administration of medical marijuana to qualified students must be in accordance with this policy. Administration of all other prescription and nonprescription medications to students must be in accordance with applicable law and the Board's policy concerning the administration of medications to students.

Definitions

For purposes of this policy, the following definitions apply:

1. "Designated location" means a location identified in writing by the school district in its sole discretion and may include a location on the grounds of the school in which the student is enrolled, upon a school bus in Colorado, or at a school-sponsored event in Colorado.
2. "Medical marijuana" means a cannabis product with a delta-9 tetrahydrocannabinol (THC) concentration greater than 0.3 percent.
3. "Permissible form of medical marijuana" means nonsmokeable products such as oils, tinctures, edible products, or lotions that can be administered and fully ingested or absorbed in a short period of time. Patches and other forms of administration that continue to deliver medical marijuana to a qualified student while at school may be appropriate for students who receive ongoing adult assistance or on a case-by-case basis as determined by the district when adequate protections against misuse may be made. Forms of medical marijuana not included in this definition may be proposed by the qualified student's primary caregiver to the superintendent, who may authorize such a request after consultation with appropriate medical personnel chosen by the district.
4. "Primary caregiver" means the qualified student's parent, guardian, or other responsible adult over eighteen years of age who is identified by the student's parent/guardian as the qualified student's primary caregiver. In no event may another student or a staff member be recognized

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as a primary caregiver, unless the staff member is the student's parent/guardian. Any primary caregiver seeking access to school or district property, a school bus, or school-sponsored event for purposes of this policy must comply with the Board's policy and/or procedures concerning visitors to schools and all other applicable policies.

5. "Qualified student" means a student who holds a valid recommendation for medical marijuana from a licensed physician and is registered with the Colorado Department of Public Health and Environment for the use of medical marijuana and for whom the administration of medical marijuana cannot reasonably be accomplished outside of school hours.

Permissible administration of medical marijuana to a qualified student by a primary caregiver

A qualified student's primary caregiver may administer a permissible form of medical marijuana to a qualified student in a designated location if all of the following parameters are met:

1. The qualified student's parent/guardian has provided the school with a copy of the student's valid recommendation for medical marijuana from a licensed physician and valid registration from the state of Colorado authorizing the student to receive medical marijuana;
2. The qualified student's parent/guardian signs a written acknowledgment assuming all responsibility for the provision, administration, maintenance, and use of medical marijuana under state law, and releases the district from liability for any injury that occurs pursuant to this policy;
3. The qualified student's parent/guardian or primary caregiver must be responsible for providing the permissible form of medical marijuana to be administered to the qualified student;
4. The district determines, in its sole discretion, that a location and a method of administration of a permissible form of medical marijuana are available that do not create risk of disruption to the educational environment or exposure to other students;
5. Either the district determines, in its sole discretion, the location of a locked storage container

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to store the qualified student's medical marijuana that does not significantly delay access to or the administration of the medical marijuana in a medical emergency, or, after administering the permissible form of medical marijuana to the qualified student, the student's primary caregiver may remove any remaining medical marijuana from the grounds of the school, district, school bus, or school-sponsored event; and

6. The district prepares, with the input of the qualified student's parent/guardian, a written plan that identifies the form, designated location(s), instructions or treatment plan for administration from one of the student's recommending physicians, and any additional protocol regarding administration of a permissible form of medical marijuana to the qualified student. The written plan must be signed by the school administrator, the qualified student (if capable), and the qualified student's parent/guardian.

Permissible administration of medical marijuana to a qualified student by school personnel

School personnel may volunteer to store, administer, or assist in the administration of medical marijuana to a qualified student in a designated location if the following parameters are met:

1. The qualified student's parent/guardian has provided the school with a copy of the student's valid recommendation for medical marijuana from a licensed physician and valid registration from the state of Colorado authorizing the student to receive medical marijuana;
2. The qualified student's parent/guardian signs a written acknowledgment granting permission for the school personnel who volunteer to store, administer, or assist in the administration of medical marijuana under state law, and releases the district from liability for any injury that occurs pursuant to this policy;
3. The qualified student's parent/guardian or primary caregiver must be responsible for providing the permissible form of medical marijuana to be administered to the qualified student;
4. The district determines, in its sole discretion, that a location and a method of administration of a permissible form of medical marijuana are available that do not create risk of disruption to the educational environment or exposure to other students;

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5. The district determines, in its sole discretion, the location of a locked storage container to store the qualified student's medical marijuana that does not significantly delay access to or the administration of the medical marijuana in a medical emergency; and
6. The district prepares, with the input of the qualified student's parent/guardian, a written plan that identifies the form, designated location(s), instructions or treatment plan for administration from one of the student's recommending physicians, and any additional protocol regarding administration of a permissible form of medical marijuana to the qualified student. The written plan must be signed by the school administrator, the school personnel who volunteer to store, administer, or assist in the administration of the medical marijuana, the qualified student (if capable), and the qualified student's parent/guardian.

Additional parameters

This policy conveys no right to any student or to the student's parents/guardians or other primary caregiver to demand access to any general or particular location on school or district property, a school bus, or at a school-sponsored event to administer medical marijuana.

This policy does not apply to school grounds, school buses, or school-sponsored events located on federal property or any other location that prohibits marijuana on its property.

Permission to administer medical marijuana to a qualified student may be limited or revoked if the qualified student and/or the student's primary caregiver violates this policy or demonstrates an inability to responsibly follow this policy's parameters.

Student possession, use, distribution, sale, or being under the influence of marijuana inconsistent with this policy may be considered a violation of Board policy concerning drug and alcohol involvement by students or other Board policy and may subject the student to disciplinary consequences, including suspension and/or expulsion, in accordance with applicable Board policy.

If the federal government indicates that the district's federal funds are jeopardized by this policy, the Board declares that this policy must be suspended immediately and that the administration of any form of medical marijuana to qualified students on school property, on a school bus, or at a school-

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sponsored event must not be permitted. The district must post notice of such policy suspension and prohibition in a conspicuous place on its website.

LEGAL REFS.: Colo. Const. Art. XVIII, Section 14 (*establishing qualifications for use of medical marijuana*)
C.R.S. 22-1-119.3 (3)(a) (*Board must adopt and implement a policy including processes for the storage, possession, and administration of medical marijuana*)
C.R.S. 22-1-119.3 (3)(c), (d) (*no student possession or self-administration of medical marijuana, but school districts must permit the student's primary caregiver to administer medical marijuana to the student on school grounds, on a school bus, or at a school-sponsored event*)
C.R.S. 22-1-119.3 (3)(d)(I) (*school personnel may volunteer to possess, administer, or assist in the administration of medical marijuana*)
C.R.S. 22-1-119.3 (3)(d)(III) (*Board may adopt policies regarding who may act as a primary caregiver and to establish reasonable parameters on the administration and use of medical marijuana on school grounds, on a school bus, or at a school-sponsored event*)

CROSS REFS.: JICH, Drug and Alcohol Involvement by Students
JKD/JKE, Suspension/Expulsion of Students (and Other Disciplinary Interventions)
JLCD, Administering Medications to Students
JLCE, First Aid and Emergency Medical Care

ADMINISTRATION OF MEDICAL MARIJUANA TO QUALIFIED STUDENTS
(Administration by Primary Caregiver Written Plan)

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To be completed by the student's parent or guardian

Name of qualified student _____

School _____ Grade _____

Name(s) of student's primary caregiver(s)

Primary caregiver's phone(s) _____

Permissible form of medical marijuana to be administered to the qualified student by the student's primary caregiver(s) _____

Administration method to be used by the student's primary caregiver(s) (to assist the school district in determining an appropriate location for administration of medical marijuana to the student) _____

Dosage amount _____

Proposed times to administer _____

By initialing the following paragraphs and signing below, the undersigned parent(s) or

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guardian(s) hereby acknowledges:

_____ I have read and agree to comply with the board's policy regarding the administration of medical marijuana to qualified students.

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

_____ I understand that as soon as I or my designated primary caregiver complete the medical marijuana administration, I or my designated primary caregiver must remove any remaining medical marijuana from the grounds of the school, district, school bus, or school-sponsored event.

_____ 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 board's policy on the administration of medical marijuana to qualified students or other applicable board policies.

By signing below, I hereby release Aurora Public Schools 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

Signature of parent or guardian

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Signature of qualified student (if capable)

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(s) or guardian(s), I have conditionally approved the student's identified primary caregiver(s) 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

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(Administration by Volunteer Personnel Written Plan)

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To be completed by the student's parent or guardian

Name of qualified student _____

School _____ Grade _____

Name(s) of student's primary caregiver(s)

Primary caregiver's phone(s) _____

Name(s) of volunteer school personnel

Permissible form of medical marijuana to be administered to the qualified student by the designated 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) _____

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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 board'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 board's policy on the administration of medical marijuana to qualified students or other applicable board policies.

By signing below, I hereby release Aurora Public Schools 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.

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Date _____

Signature of parent or guardian

Signature of parent or guardian

Signature of qualified student (if capable)

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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 board'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 board's policy on the administration of medical marijuana to qualified students or other applicable board policies.

Date _____

Signature of volunteer

Signature of volunteer

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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(s) or guardian(s), 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