LIBERTY COMMUNITY UNIT #2 SCHOOLS
LIBERTY, IL 62347-1107
(217) 645-3433

School Medication Authorization Form - Medical Cannabis

To be completed by the child's parent(s)/guardian(s). A new form must be completed every school year. Keep in the school nurse's office or, in the absence of a school nurse, the Building Principal's office.

Student's Name: _____ Birth Date: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Emergency Phone: _____
School: _____ Grade: _____ Teacher: _____

To be completed by the student's physician, physician assistant with prescriptive authority, or advanced practice RN with prescriptive authority.

Prescriber's Printed Name: _____
Office Address: _____
Office Phone: _____ Emergency Phone: _____

Medication name: _____
Purpose: _____
Dosage: _____ Frequency: _____

IDPH registry ID card for student is valid [insert dates]: _____

IDPH registry ID card for designated caregiver is valid [insert dates]: _____

Attach copies of both registry identification cards

Time medication is to be administered or under what circumstances: _____
_____
_____
_____

Prescription date: _____ Order date: _____ Discontinuation date: _____

Diagnosis requiring medication: _____
Is it necessary for this medication to be administered during the school day? ☐ Yes ☐ No
Expected side effects, if any: _____
Time interval for re-evaluation: _____
Other medications student is receiving: _____

_____
Prescriber's Signature Date

By signing below, I acknowledge, understand and agree as follows:

1. The only individual(s) who may possess and administer medical cannabis to my child at school or on the school bus is his/her registered designated caregiver as identified by the Illinois Department of Public Health.
2. Both my child and his/her registered designated caregiver possess valid registry identification cards issued by the Department of Public Health, copies of which I have provided/will provide to the District.
3. After administering the medical cannabis to my child, the designated caregiver shall immediately remove the product from school premises or the school bus.
4. The designated caregiver may not administer a medical cannabis infused product in a manner that, in the opinion of the District or school, would create a disruption to the school's educational environment or would cause exposure of the product to other students.
5. Children under age 18 cannot smoke or vape medical cannabis. Medical cannabis-infused products include oils, ointments, foods, and other products that contain usable cannabis but are not smoked or vaped.
6. The District reserves the right to restrict or otherwise stop allowing the administration of medical cannabis to my child if the District or school would lose federal funding as a result.
7. I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration of medical cannabis that I authorize by my signature below.

_____

Parent/Guardian Printed Name

Address (if different from Student's above): _____

Home Phone: _____ Cell Phone: _____ Emergency Phone: _____

_____ _____

Parent/Guardian Signature Date