

## 5330.01 ADMINISTRATION OF MEDICAL MARIJUANA (M)

The Board of Education, in accordance with the requirements of N.J.S.A. 18A:40-12.22, must adopt a Policy authorizing parents, guardians, and primary caregivers to administer medical marijuana to a student while on school grounds, aboard a school bus, or attending a school-sponsored event. The parent of a student requesting the administration of medical marijuana to the student while on school grounds, aboard a school bus, or attending a school-sponsored event must comply with the provisions of N.J.S.A. 18A:40-12.22 and N.J.S.A. 24:6I-1 et seq. and Policy and Regulation 5330.01.

A student enrolled in the school district must be authorized to engage in the medical use of marijuana and the primary caregiver, who may be the parent, must be authorized to administer medical marijuana to a student in accordance with the provisions of N.J.S.A. 18A:40-12.22 and N.J.S.A. 24:6I-1 et seq. The student and the primary caregiver must complete the registration process to obtain a Registry Identification Card from the New Jersey Department of Health in accordance with the requirements of N.J.S.A. 24:6I-4. In accordance with the provisions of N.J.S.A. 18A:40-12.22.b.(5), medical marijuana cannot be administered to a qualifying student while on school grounds, aboard a school bus, or attending a school-sponsored event by smoking or other form of inhalation.

The parent of the student authorized to engage in the medical use of marijuana must submit a written request with supporting documentation to the Principal requesting approval to have a primary caregiver assist in the administration of medical marijuana to the student while on school grounds, aboard a school bus, or attending a school-sponsored event. The Principal, in consultation with the school nurse, the school physician, and the Superintendent of Schools, will review each request and upon approval will inform the parent in writing of the approval with details for the administration of medical marijuana to the student. The medical use of marijuana by a student while on school grounds, aboard a school bus, or attending a school-sponsored event will only be authorized after the written approval from the Principal is provided to the parent.

Medical marijuana may only be administered to the student while the student is on school grounds, aboard a school bus, or attending a school-sponsored event by the primary caregiver in accordance with the provisions of N.J.S.A. 18A:40-12.22 and N.J.S.A. 24:6I-1 et seq. The prescribed medical marijuana must be in the possession of the primary caregiver at all times, except during the administration process. The primary caregiver shall comply with the requirements of the Principal's written approval for the administration of medical marijuana to the student while on school grounds, aboard a school bus, or attending a school-sponsored event.



## ADMINISTRATION OF MEDICAL MARIJUANA

All health records related to the administration of medical marijuana to a student while on school grounds, aboard a school bus, or attending a school-sponsored event shall be maintained in accordance with the requirements of N.J.A.C. 6A:16-2.4 and N.J.A.C. 6A:32-7.4.

No person shall be subject to arrest or prosecution for constructive possession, conspiracy, or any other offense for simply being in the presence or vicinity of the medical use of marijuana as authorized under N.J.S.A. 24:6I-1 et seq. or N.J.S.A. 18A:40-12.22. No custodial parent, guardian, or person who has legal custody of a student who is a minor shall be subject to arrest or prosecution for constructive possession, conspiracy, or any other offense for assisting the minor in the medical use of marijuana as authorized under N.J.S.A. 24:6I-1 et seq. or N.J.S.A. 18A:40-12.22.

N.J.S.A. 18A:40-12.22

N.J.S.A. 24:6I-1 et seq.

N.J.A.C. 6A:16-2.4; 6A:32-7.4

Adopted: January 23, 2017



# Point Pleasant Schools



2100 Panther Path  
Point Pleasant, New Jersey 08742

Vincent S. Smith, Superintendent  
(732) 701-1900 ext. 2412  
Fax (732) 892-8403

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## CONSENT OF PARENT FOR RELEASE OF CONFIDENTIAL INFORMATION REGARDING QUALIFYING STUDENT PATIENT – ADMINISTRATION OF MEDICINAL MARIJUANA

TO: New Jersey Department of Health  
Medicinal Marijuana Program  
P.O. Box 360  
Trenton, New Jersey 08625-0360

RE: Student-Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Point Pleasant, New Jersey 08742

I hereby request and authorize the New Jersey Department of Health, Medical Marijuana Program, to provide information to Vincent S. Smith, Superintendent of Schools of the Point Pleasant School District, confirming the registration and authorization status of my child, identified above, to use medicinal marijuana for a qualifying medical condition as permitted by the New Jersey Compassionate Use Medical Marijuana Act, *N.J.S.A. 24:6I-1 et. seq.* ("Act").

I am providing this consent only for the purpose of having the registration status and authorization of my child under the Act confirmed to the Superintendent of my child's public school district, and for no other purpose.

\_\_\_\_\_  
Print Name of Parent or Guardian

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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Point Pleasant, New Jersey 08742



Vincent S. Smith, Superintendent  
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CONSENT OF PRIMARY CAREGIVER FOR RELEASE OF CONFIDENTIAL INFORMATION  
REGARDING ADMINISTRATION OF MEDICINAL MARIJUANA

TO: New Jersey Department of Health  
Medicinal Marijuana Program  
P.O. Box 360  
Trenton, New Jersey 08625-0360

RE: Primary Caregiver: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Student-Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Point Pleasant, New Jersey 08742

I hereby request and authorize the New Jersey Department of Health, Medical Marijuana Program, to provide information to Vincent S. Smith, Superintendent of Schools of the Point Pleasant School District, confirming my registration and authorization status to assist the student identified above in the use of medicinal marijuana for the student's qualifying medical condition in accordance with the New Jersey Compassionate Use Medical Marijuana Act, *N.J.S.A. 24:61-1 et. seq.* ("Act").

I am providing this consent only for the purpose of having my registration status and authorization under the Act confirmed to the Superintendent of the public school district which the identified student attends, and for no other purpose.

\_\_\_\_\_  
Print Name of Primary Caregiver

\_\_\_\_\_  
Signature of Primary Caregiver

\_\_\_\_\_  
Date