Attachment A

Superintendent’s Memo No. 059-20

March 6, 2020

# STUDENT FORM FOR ADMINISTRATION OF CBD/THC-A OIL

This form is intended to assist authorized persons to properly administer Cannabidiol (CBD) and Tetrahydrocannabinol Acid (THC-A) oil products to a public school student who has been issued a valid written certification for the use of CBD or THC-A oil in accordance with [§ 54.1-3408.3](https://law.lis.virginia.gov/vacode/title54.1/chapter34/section54.1-3408.3/)of the *Code of Virginia*. It is not intended to address the administration of products produced from industrial hemp such as over-the-counter CBD oil.

**Instructions:**

* Page two of this form must be signed by both the practitioner issuing the written certification recommending the use of CBD or THC-A oil **and** the dispensing pharmacist at the pharmaceutical processor.
* If changes are made to the student’s oil product, dosage, or frequency of administration during the school year, page three of this form may be completed by the certifying practitioner **or** the dispensing pharmacist at the pharmaceutical processor.
* Parents/legal guardians must provide the school with the completed form containing the most current dosing information to ensure the student receives proper administration.
* A separate form must be completed for each CBD/THC-A oil product to be administered to the student.

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## **Student Form for Administration of CBD or THC-A Oil**

**School Name:** **School Year:**

**Location of School (City/County in Virginia):**

**Student Date of Birth:**

**Student Name:**

**Last:** **First:** **Middle:**

Name of CBD or THC-A Oil Product and Strength: (must be completed by certifying practitioner or pharmacist at dispensing pharmaceutical processor):

**Dosage to be Administered:**

**Frequency or Time to be Administered:**

**Route of Administration:**

**Diagnosis or Reason Taken:**

**Additional Notes or Directions:**

**Printed Name of Certifying Practitioner:**

**Last:** **First:** **MI:**

**Signature of Certifying Practitioner:**

**Practitioner Telephone Number:** **Fax Number:**

**Practitioner Email Address:** **Date:**

**Printed Name of Pharmacist at Pharmaceutical Processor:**

**Signature of Pharmacist at Pharmaceutical Processor:**

**Name of Pharmaceutical Processor:** **Telephone Number:**

**Pharmaceutical Processor Email Address:** **Date:**

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## **CHANGES TO STUDENT’S CURRENT ADMINISTRATION OF CBD/THC-A OIL**

**Instructions:**

* **This page must be completed when changes are made during the school year to the student’s oil product, dosage, or frequency of administration and must be indicated below by the certifying practitioner or the pharmacist at the dispensing pharmaceutical processor.**
* **The parent/legal guardian must promptly provide this completed form to the school to ensure proper administration to the student.**

**Student Name:**

**Last:** **First:** **Middle:**

**Student Date of Birth:**

**School Name:** **Effective Date of Change:**

Name of CBD or THC-A Oil Product and Strength:

**Dosage to be Administered:**

**Frequency or Time to be Administered:**

**Route of Administration:**

**Diagnosis or Reason Taken:**

**Additional Notes or Directions:**

**Printed Name of**

**Certifying Practitioner:**

**Pharmacist at Dispensing Pharmaceutical Processor:**

**Signature of**

**Certifying Practitioner:**

**Pharmacist at Dispensing Pharmaceutical Processor:**

**Telephone Number of**

**Certifying Practitioner:**

**Pharmacist at Dispensing Pharmaceutical Processor:**

**If signed by Pharmacist, Provide Name of Pharmaceutical Processer:**