

# ALBUQUERQUE PUBLIC SCHOOLS

## Medical Cannabis Treatment Plan

### To be completed by parent or legal guardian:

Name of "qualified student" as defined by NMAC 6.12.10.7(L):

\_\_\_\_\_

School attending: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year \_\_\_\_\_

Name of student's "primary caregiver" as defined by NMAC 6.12.10.7(J):

\_\_\_\_\_

Primary caregiver's phone number:

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Medical cannabis product to be administered to qualified student:

\_\_\_\_\_

Permissible form of medical cannabis to be administered by parent/guardian/primary caregiver\*, including level of THC and CBD:

\_\_\_\_\_

\_\_\_\_\_

Recommended dosage: \_\_\_\_\_

Proposed time(s) of administration: \_\_\_\_\_

### Medical Cannabis Written Certification

### To be completed by the "certifying practitioner" as defined by NMAC 6.12.10.7(C):

I, ( \_\_\_\_\_ ), certify that I am the certifying practitioner who has recommended medical cannabis my patient, ( \_\_\_\_\_ ); has a diagnosis of \_\_\_\_\_, which is a debilitating medical condition pursuant to the Lynn and Erin Compassionate Use Act, and it is my professional opinion the potential health benefits of medical cannabis use would likely outweigh the health risks for this patient.

Signature of certifying practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

\*Primary Caregiver as designated in the NM Medical Cannabis Program. Application required by state.