

Point Pleasant Schools



2100 Panther Path
Point Pleasant, New Jersey 08742

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

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

Point Pleasant Schools

2100 Panther Path
Point Pleasant, New Jersey 08742



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

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