

POLICY COMMITTEE MEETING

February 4, 2019
Central Office – Library
4:30 PM

AGENDA

COMMITTEE MEMBERS:

N. Carlow	A. Dube
E. DeCotiis	A. Payeur

- Attendance
- BBAB – School Board Self-Evaluation (5 mins)
- CBI – Evaluation of the Superintendent (10 mins)
- JLCDA – Marijuana in Schools (30 mins)
- JLCDA-E1 – Request to Administer Medical Marijuana in Schools (10 mins)
- JLCD – Administration of Medication to Students (5 mins)
(*Legal Reference Update*)

Next Meeting: March 4, 2019 @ 4:30

MSAD 6

SCHOOL BOARD SELF-EVALUATION

As an elected body, the MSAD 6 School Board of Directors is accountable to the public for the education of its children and the stewardship of the school district's resources. The Board recognizes that in order to be most effective in its governance role, it should continuously monitor and evaluate its own performance, processes, and practices. The Board believes that periodic self-evaluation is essential to improved leadership, support of student achievement, and the attainment of the vision and goals of MSAD 6.

The Board will annually conduct a self-evaluation by the end of March. ~~No other Board business will be taken up at this session.~~ Consistent with the Freedom of Access Act, the Board's self-evaluation will be held in open session.

During self-evaluation, the Board will evaluate itself as a whole. The self-evaluation should emphasize areas of strength as well as those identified for improvement. Board members are encouraged to use the evaluation process as an opportunity to assess their own personal performance.

The Board will determine the areas of competence and/or Board responsibilities and relationships that will be used as the basis for the self-evaluation. The Board will select an evaluation method or instrument that will include a reasonable number of criteria or performance indicators by which to appraise the Board's functioning and effectiveness. The Board may also identify specific topics for discussion that are related to its meeting processes, communications, Board-Superintendent relations, and "boardsmanship" skills.

The areas of Board responsibility and relationships that may be appropriate to consider during the self-evaluation may include but are not limited to:

- A. Board strategic planning, and long-range planning skills and processes;
- B. Board meeting management, conduct, and decision-making processes;
- C. Policy development and implementation;
- D. Fiscal oversight and resource allocation;
- E. Adoption of curriculum and instruction;

- F. Monitoring of student achievement;
- G. Board subcommittee structure, responsibilities, and processes;
- H. Board member orientation and development;
- I. Board-Superintendent relations; and
- J. Board-community relations and communications.

Following a discussion of the evaluation results, the Board will establish priorities and objectives for the following year's self-evaluation.

The Board may, as desired, schedule interim self-evaluation sessions to assess progress toward achieving identified priorities and objectives.

Cross Reference: ADA – School District Goals and Objectives
BBA – School Board Powers and Responsibilities

First Reading: November 18, 2013
Adopted: February 3, 2014
Reviewed:
Revised:

Evaluation of the Superintendent

The Board will evaluate the performance of the Superintendent as a regular and scheduled activity or when the majority of the School Board deems necessary. The primary purposes of the evaluation will be to continually improve administrative leadership, to strengthen the working relationship of the Board and Superintendent governance team, and to assist the Board in reviewing issues associated with the Superintendent's employment.

Guidelines

- A. The Superintendent will be involved in developing and adopting the evaluation process and standards or reviewing the existing evaluation process and standards.
- B. The evaluation(s) will be at a regularly scheduled time and place, with no other items on the agenda, in an executive session in which the goal will be to have all Board members present and no fewer than $\frac{3}{4}$ of the Board members must be present (8 +-).
- C. The Superintendent will prepare for the evaluation by conducting a self-evaluation.
- D. The Board will prepare for the evaluation as follows:

Survey??

1. **The Board Chair will review the evaluation and expectations of completing the evaluation prior to the *survey* being sent out.**
2. Board members will submit individual written assessments to the Chair, using the Board approved evaluation form and standards, with supporting comments giving specific examples related to conduct, performance, and results based on district goals.
3. The Standing Committees' Chairpersons will provide a summary of the Standing Committees members' evaluations and comments to the Board Chair utilizing form CBI-E2 –Superintendent's Summative Evaluation by Board Standing Committees.
4. The Chair and Vice-Chair will develop a composite evaluation from members' written opinions.
5. The Board will meet in executive session to review the composite evaluation and materials related to the Superintendent's performance. **This would allow the Board to discuss items that might be a single Board member's experience but is not representative of the Board as a whole.** The Superintendent may be invited to, or excluded from, this session at the Board's discretion.

(NOTE: The Superintendent must be present for any discussion that may lead to or result in allegations, charges or investigation of misconduct.)

- E. The Board will meet with the Superintendent in executive session to review the evaluation. **A copy of the evaluation will be provided to the Superintendent to review in advance of the Executive Session with the Board.**
 - 1. The Board will meet with the Superintendent to discuss the evaluation, ~~which should include the composite of individual~~ **should represent the majority of the Board's perspective discussed in Executive Session.**
 - 2. The evaluation will include a discussion of strengths as well as areas identified for improvement.
 - 3. As no form or set of guidelines can encompass the totality of the Superintendent's responsibilities, the evaluation discussion may include items not described in the evaluation form **that were previously addressed with the Superintendent for correction.**
 - 4. The Board's written evaluation will be supported by specific examples of the Superintendent's conduct, performance, and results based on district goals, and will represent the perspective of the majority of the Board.
 - 5. The Superintendent will be given the opportunity to provide feedback to the Board regarding his/her perceptions of the working relationship between the Superintendent and the Board and other issues the Superintendent identifies as relevant to his/her job responsibilities, performance, and results based on district goals.
- F. **By mutual consent, modifications can be made to the evaluation in advance of being placed in his/her personnel file.** Following the completed evaluation process, the Board Chair will provide the Superintendent with a **final written copy** ~~written summary~~ of the key elements of the evaluation review. **A copy of the final evaluation will be kept in the Superintendent's personnel file. The Superintendent's file will be housed in Human Resources.**
- G. The Board will meet in executive session to discuss issues such as compensation, benefits, and extension of contract that are directly related to the Superintendent's evaluation and employment. The Superintendent may be invited to, or excluded from, this session at the Board's discretion.
- H. The Board will meet with the Superintendent in executive session to discuss compensation, benefits, extension of contract and other matters relevant to the Superintendent's employment.

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Performance Objectives

Using the Superintendent's evaluation(s) for the year and the priorities established by the Board, the Board and the Superintendent will establish mutually agreed upon and clearly understood performance goals for the ensuing year prior to September. The following February, the Board will review the current school year goals in executive session with the Superintendent. Progress toward these goals will be included as part of the next Board's evaluation of the Superintendent. The annual evaluation of the Superintendent will take place in May in executive session.

First Reading:	October 4, 2010
Second Reading:	November 1, 2010
Adopted:	November 1, 2010
Reviewed:	August 6, 2013
Revised:	December 2, 2013

ADMINISTRATION OF MEDICAL MARIJUANA IN SCHOOLS

Maine law provides that a “primary caregiver” is defined as parent, guardian or legal custodian under Maine’s medical marijuana law, 22 MRSA § 2423-A91(E), may possess and administer marijuana in a non-smokeable form in a school, bus or on the grounds of the preschool or primary or secondary school in which a minor qualifying patient is enrolled, if:

- A. — A medical provider has provided the minor qualifying patient with a current written certification for the medical use of marijuana, and
- B. — Possession of medical marijuana is for the purpose of administering it to the minor qualifying patient.

In order to facilitate administration of medical marijuana with a minimum interruption of instructional time for the student and with a minimum of disruption of routine school operations, the Board approves the following guidelines for the administration of medical marijuana:

- A. — The person administering the medical marijuana must provide proof that
 - 1. — He/she is the primary caregiver for the student,
 - 2. — The student has a current written certification from a medical provider for the use of medical marijuana, and
 - 3. — The student needs to have the drug administered during the school day, as opposed to before or after school.
- B. — The marijuana must be in a nonsmokeable form,
- C. — The marijuana must be possessed only by the primary caregiver and only for the time necessary to administer the medical marijuana to the student at school; hence, the medical marijuana must be removed from the school property,
- D. — Medical marijuana may only be possessed by the primary caregiver; it cannot be given to or held by any school employee, student or other person in school, with the exception of the “qualifying patient.”

- ~~E. Only the primary caregiver may administer medical marijuana—it cannot be done by, or delegated to, a school employee or any other person than the primary caregiver,~~
- ~~F. Medical marijuana may be administered only at the designated area, but not in the health clinic, as determined by the principal; the primary caregiver must go there directly and, if visitors are required to sign in, to do so,~~
- ~~G. The student may not possess medical marijuana at any time or place except during the time of its consumption, at the designated location, and under the supervision of the caregiver, and~~
- ~~H. This policy will be enforced where applicable and allowable by law (ie. school field trips or out of state or out of country).~~

The Maine Medical Use of Marijuana Act governs administration of medical marijuana in schools in Maine. The Department of Administration and Financial Services (DAFS) is the regulatory agency charged with implementing the Maine Medical Use of Marijuana Act. The Maine Medical Use of Marijuana Program, located with DAFS, is charged with the administrative duties associated with implementation, such as issuance of registration cards.

The following procedure must be followed for the administration of medical marijuana to students at school.

- 1. The student's parent/legal guardian/legal custodian will obtain a copy of the District's Request/Permission to Administer Medical Marijuana in School form (JLCDA-E1) and Board Policy JLCDA from the District's website, school office or central office.**
- 2. The parent/legal guardian/legal custodian and the student's authorized medical provider (physician, certified nurse practitioner or physician assistant) will complete and sign the Request/Permission Form (JLCDA-E1), and attach a copy of the student's current written certification for the use of medical marijuana. The original certification must be shown to the school employee processing the request. A copy will be retained by the school.**
- 3. The parent/legal/guardian/legal custodian must designate the caregiver who will administer medical marijuana to the student in school (including for students over the age of 18). The designated caregiver must be registered with the Maine Medical Marijuana Program. The original registry identification card and caregiver designation form must be shown to the**

- school employee processing the request. Copies will be retained by the school.**
- 4. If the designated caregiver is not a parent/legal guardian/legal custodian of the student, the designated caregiver must also submit verification that he/she is authorized by the State to administer marijuana to the student on school grounds.**
 - 5. Arrangements will be made between the school administration and the designated caregiver to schedule the administration of medical marijuana in a manner that will minimize disruption to school operations and the student's educational program, and that will not impact other students or employees. The designated caregiver must comply with all Board policies and school rules while on school premises to administer medical marijuana to a student.**
 - 6. Medical marijuana must be brought to school by the caregiver, and may not be held, possessed or administered by anyone other than the caregiver. The student may only possess the medical marijuana during the actual administration process. Medical marijuana administered in school must be in nonsmokeable form (flower, transdermal patch, and vaporizers are not permitted).**
 - 7. The designated caregiver must check-in at the school office upon arrival for the administration of medical marijuana. Medical marijuana may only be administered in the designated location, but not in the health clinic, by the principal.**
 - 8. The designated caregiver must check-out at the school office following administration of the medical marijuana and transport any remaining medical marijuana with him/her off school premises.**

A student who holds written certification for the medical use of marijuana may not be excluded (suspended or expelled) from school because he/she requires medical marijuana to attend school.

Legal Reference: **Maine Public Law, Ch 452 (2018) 2015 P.L. Ch. 369**

First Reading: February 1, 2016
Adopted: March 7, 2016
Revised: December 4, 2017
Reviewed:

**MSAD 6
PARENT/MEDICAL PROVIDER REQUEST TO ADMINISTER MEDICAL
MARIJUANA AT SCHOOL**

Student's Name:

School:

Grade:

Teacher: __

A. To be completed by Physician, Certified Nurse Practitioner or Physician Assistant:

Reason for use of medical marijuana: _____

The medical marijuana must be administered during school hours: Yes No

If yes, time to be administered: _____

Restrictions (including any restrictions on school activities for safety reasons) and/or important side effects: None anticipated

Yes. Please describe in detail:

Date of student's certification for medical marijuana use:

Date to be discontinued:

Any other necessary instructions or information: _____

Note: THE SCHOOL ADMINISTRATOR OR DESIGNEE MAY CONTACT YOU IF THERE ARE FURTHER QUESTIONS CONCERNING THIS REQUEST.

Provider's Signature:

Date: _____

Printed Name: _____

Address:

Phone Number:

Fax Number: _____

Email Address: _____

Note: Any changes to the information above shall require a new request/permission form.

B. To be completed by parent/legal guardian/legal custodian:

Form of medical marijuana to be administered: _____

Note: *MEDICAL MARIJUANA MAY ONLY BE ADMINISTERED AT SCHOOL IN NONSMOKEABLE FORM. (FLOWER, TRANSDERMAL PATCH AND VAPORIZERS ARE NOT PERMITTED).*

Dosage (amount):

I understand and agree that if the school administrator has questions regarding the provider's order, that the administrator or designee may contact the child's provider and obtain additional information about the medication. I consent to the provider releasing that information.

I have read Board Policy JLCDA – Administering Medical Marijuana In Schools and understand that I must comply with all the requirements concerning the administration of medical marijuana.

The following caregiver has been designated to administer marijuana to the student. This caregiver has obtained the required registry identification card. If the designated caregiver is not a parent/legal guardian/legal custodian, he/she has submitted verification from the State that he/she is authorized to administer marijuana to a student on school grounds.

Name of Designated Caregiver:

Relationship to Student: _____

Signature of Parent/Legal Guardian/Legal Custodian

Date:

NOTE: *COPIES OF THE FOLLOWING MUST BE ATTACHED TO THIS FORM*

- 1. Current written certification for the use of medical marijuana by the student,*
- 2. The state Caregiver Designation Form, and*
- 3. The designated Caregiver's Registry Identification Card.*

4. *If the designated caregiver is not a parent/legal guardian/legal custodian of the student, documentation that the caregiver is authorized by the State to administer marijuana to a student on school grounds.*

B. To be completed by school:

Date received:

By whom:

Date reviewed:

Reviewed by:

NOTES:

Cross Reference: JLCDA – Administration of Medical Marijuana in Schools

Effective:

Administration of Medication to Students

Although MSAD 6 discourages the administration of medication to students during the school day when other options exist, it recognizes that in some instances a student's chronic or short-term illness, injury, or disabling condition may require the administration of medication during the school day. The District will not deny educational opportunities to students requiring the administration of medication in order to remain in attendance and participate in the educational program.

The intent of this policy is to promote the safe administration of medications to students by school personnel and to provide for authorization of student emergency self-administration of medication from asthma inhalers, epinephrine auto injectors, and other medication, over-the-counter and otherwise, as specified by an Individual Health Plan (IHP), 504 Plan, or written by a primary physician's order. The Board encourages collaboration between parents/guardians and the schools in these efforts.

This policy does not apply to medical marijuana, which is addressed in the Board's policy JLCDA – Medical Marijuana in Schools.

The Board disclaims any and all responsibility for the diagnosis, prescription of treatment, and administration of medication for any student, and for any injury arising from a student's self-administration of medication.

The Board disclaims any and all responsibility for the diagnosis, prescription of treatment, and administration of medication for any student, and for any injury arising from a student's self-administration of medication.

Definitions

“Administration” means the provision of prescribed medication to a student according to the orders of a health care provider.

“Health care provider” means a medical/health practitioner who has a current license in the State of Maine and/or the patient's primary care provider with a scope of practice that includes prescribing medication.

“Indirect supervision” means the supervision of an unlicensed school staff member when the school nurse or other health care provider is not physically available on site but immediately available by telephone.

“Medication” means prescribed drugs and medical devices that are controlled by the U.S. Food and Drug Administration and are ordered by a health care provider. It includes over-the-counter medications prescribed through a standing order by the school physician or prescribed by the student’s health care provider. For the purpose of this policy, “medication” does not include medical marijuana.

“Parent” means a natural or adoptive parent, a guardian, or a person acting as a parent of a child with legal responsibility for the child’s welfare.

“School nurse” means a registered professional nurse with Maine Department of Education certification for school nursing.

“Self-administration” is when the student administers medication independently to him/herself under indirect supervision of the school nurse.

“Unlicensed school personnel” are persons who do not have a professional license that allows them, within the scope of that license, to administer medication.

Administration of Medication by School Personnel

A. Parental Request

In the event that no reasonable alternative exists, the parent/guardian may request in writing that medication be administered to the student during the school day. The written request must include an acknowledgement and agreement that unlicensed personnel may administer the medication as per the health care provider’s instructions. In addition, the request will indicate that information regarding the student’s medication may be shared with appropriate school personnel. Parents may provide the reason (diagnosis) requiring the administration of medication.

Requests will be valid for the current school year only.

B. Health Care Provider’s Order

All parental requests must be accompanied by a written order from the student’s health care provider substantiating the fact that the administration of a particular medication during the school day is necessary for the student’s health and attendance in school. Such order must include:

1. The student’s name;
2. The name of the medication;

3. The dose;
4. The route of administration (e.g., tablets, liquid, drops); and
5. Time intervals for administration (e.g., every four hours, before meals);
6. Any special instructions; and
7. The name of the prescribing health care provider.

It is the responsibility of the school nurse to clarify any medication order that he/she believes to be inappropriate or ambiguous. In accordance with Department of Education Rule Chapter 40 § 2(B), the school nurse may decline to administer a medication if he/she believes such administration would jeopardize student safety. In this case, the school nurse must notify the parent, the student's health care provider and the school administrator (i.e., building principal or designated administrator).

C. Renewal of Parent Permission Requests/Forms and Health Care Provider Orders

Written parental permission requests/forms and health care provider orders must be renewed at least annually. Health care provider orders must be renewed whenever there are changes in the order.

D. Delivery and Storage of Medication

The student's parents will deliver any medication to be administered by school personnel to the school in its original container and properly marked. In the event that this is not practical, the parent must contact the school to make alternate arrangements.

No more than a 20-day (one month) supply of medication will be kept at school, excluding inhalers and epinephrine auto injectors. The parent is responsible for the replenishment of medication kept at school.

If the health care provider's order/prescription is for a medication regulated by the Schedule II of the Controlled Substance Act (21 USC § 812), only a limited supply will be kept at school.

The parent is responsible for notifying the school of any changes in or discontinuation of a prescribed medication that is being administered to the student at school. The parent must remove any medication no longer required or that remains at the end of the school year.

The school nurse, with the approval of the building principal, will be responsible for developing and implementing procedures for the appropriate and secure storage of medications kept at school, and all medications will be stored in accordance with this procedure.

E. Recordkeeping

School personnel and the student's parent will account for all medication brought to school. The number of capsules, pills or tablets, and/or the volume of other medications brought to school will be recorded.

School staff administering medication will document each instance the medication is administered including the date, time, and dosage given.

The school nurse will maintain a record including the parent's request, physician's order, details of the specific medications (including dosage and timing of medication), and documentation of each instance the medication is administered.

Records will be retained according to the current State schedules pertaining to student health records.

F. Confidentiality

To the extent legally permissible, staff members may be provided with such information regarding medication and its administration as may be in the best interest of the student.

G. Administration of Medication

Medication may be administered during the school day by licensed medical personnel acting within the scope of their licenses.

The school nurse, under the administrative supervision of the Superintendent, will provide direction and oversight for the administration of medication to students.

All unlicensed personnel (principals, teachers, education technicians, school secretaries, coaches, bus drivers, etc.) who administer medication must receive training before being authorized to do so.

Based upon the documentation of training and competency in the administration of medication, the school nurse will make recommendations to the Superintendent/designee pertaining to authorization of unlicensed persons to administer medication. Training that will be acceptable for the purpose of authorization of unlicensed personnel is addressed under the section of this policy titled "Required Training of Unlicensed Personnel to Administer Medication."

H. Administration of Medication During Off-Campus Field Trips and School-Sponsored Events

MSAD 6 will accommodate students requiring administration of medication during field trips or school-sponsored events as follows:

The school nurse, principal, and, as appropriate, the District's Section 504 Coordinator and as specified by an Individual Health Plan (IHP), 504 Plan, or written by a primary physician's order, will determine whether an individual student's participation is contraindicated due to the unstable/fragile nature of his/her health condition, the distance from emergency care that may be required, and/or other extraordinary circumstances. The student's parent and primary care provider will be consulted in making this determination. The decision will be made in compliance with applicable laws, including the IDEA, § 504 and the Americans with Disabilities Act (ADA).

The parent must provide the appropriate number of doses needed for the duration of the field trip or school-sponsored event.

When there are no contraindications to student participation, an appropriately trained staff member will be assigned to administer medication. The parent will be encouraged to accompany the student, if possible, to care for the student and administer medication.

All provisions of this policy will apply to medications to be administered during off-campus field trips and school-sponsored events. As practicable, the DOE's "Policy for Medication Administration on School Trips" will be followed.

I. Student Self-Administration

Students may be authorized by the building principal, in consultation with the school nurse, to possess and self-administer emergency medication from an asthma inhaler or epinephrine auto injector and other medication, over-the-counter and otherwise, as specified by an Individual Health Plan (IHP), 504 Plan, or written by a primary physician's order during the school day, during field trips, school-sponsored events, or while on a school bus. The student will be authorized to possess and self-administer medication if the following conditions have been met.

1. The parent (or student, if 18 years of age or older) must request in writing authorization for the student to self-administer medication from an epinephrine auto injector or asthma inhaler.
2. The student must have the prior written approval of his/her primary health care provider and, if the student is under the age of 18, the prior written approval of his/her parent/guardian. The written notice from the student's primary care provider must specify the name and dosage of the medication, frequency with which it may be administered, and the circumstances that may warrant its use.
3. The student's parent/guardian must submit written verification to the school from the student's primary care provider confirming that the student has the knowledge and the skills to safely possess and use an epinephrine pen or asthma inhaler taking into account the maturity and capability of the student and the circumstances under which the student will or may have to self-administer the medication.
4. The school nurse will evaluate the student's technique to ensure proper and effective use of an epinephrine pen or asthma inhaler.
5. The parent will be informed that the school cannot accurately monitor the frequency and appropriateness of use when the student self-administers medication, and that MSAD 6 will not be responsible for any injury arising from the student's self-medication.

Authorization granted to a student to possess and self-administer medication from an asthma inhaler or epinephrine auto injector and other medication, over-the-counter and otherwise, as specified by an Individual Health Plan (IHP), 504 Plan, or written by a primary physician's order will be valid for the current school year only and must be renewed annually.

A student's authorization to possess and self-administer medication may be limited or revoked by the building principal after consultation with the school nurse and the student's parents if the student demonstrates inability to responsibly possess and self-administer such medication.

To the extent legally permissible, staff members may be provided with such information regarding the student's medication and the student's self-administration as may be in the best interest of the student.

Sharing, borrowing, or distribution of medication is prohibited. The student's authorization to self-administer medication may be revoked and the student may be subject to disciplinary consequences for violation of this policy.

J. Dispensation of Over-the-Counter Medications

With prior written parent permission, students may receive certain over-the-counter medications at school, e.g., Tylenol, Ibuprofen, Tums, cough drops, etc. pursuant to a standing order from the student's primary health care provider and, if the student is under the age of 18, the prior written approval of his/her parent /guardian. The exception being sunscreen, which must be carried and applied by the student with the understanding that the District will not be responsible for any injury arising from a student's self-administration of sunscreen.

K. Required Training of Unlicensed Personnel to Administer Medication

Unlicensed school personnel who administer medication to students in a school setting (at school, on school transportation to or from school, on field trips, or during school-sponsored events) must be trained in the administration of medication before being authorized to carry out this responsibility. Such training must be provided by a registered professional nurse or physician and include the components specified in Department of Education Rules Chapter 40 and other applicable Department of Education standards, recommendations, programs, and/or methodologies.

The trainer will document the training and competency of unlicensed school personnel to administer medication. Based upon a review of the documentation of training and competency in the administration of medication, the school nurse will make recommendations to the Superintendent/designee pertaining to authorization of such unlicensed personnel pertaining to authorization to administer medication.

Following the initial training, a training review and information update must be held at least annually for those unlicensed school personnel authorized to administer medication.

L. Delegation and Implementation

The Superintendent/designee shall be responsible for developing administrative procedures and/or protocols to implement or supplement this policy.

Such procedures/protocols will include direction regarding:

1. Safe transport of medication to and from school;
2. Administration of medication during field trips and school-sponsored events;
3. Accountability for medications, particularly those regulated by the Schedule II of the Controlled Substance Act;
4. Proper storage of medication at school;
5. Training of appropriate staff on administration of emergency medications including the standards for the signs and symptoms of anaphylaxis and the use of epinephrine auto injectors for previously unknown severe allergies;
6. The procedure to follow in the event of a medication reaction;
7. Access to medications in case of a disaster;
8. The process for documenting medications given and medication errors; and
9. The proper disposal of medications not retrieved by parents.

Legal Reference: 20-A M.R.S.A. §§ 254 (5); 4009(4); 4502-~~(5)(N)~~; 6305-6306
(Me. Dept. of Ed. Rule)
~~21 UCS §801 et. seq (Controlled Substance Act)~~
22 MRSA §§ 2423-A; 2425-A; 2426
Maine Department of Education Rule Chapter 40
28 C.F.R. Part 35 (Americans with Disabilities Act of 1990)
34 C.F.R. Part 104 (Section 504 of the Rehabilitation Act of
1973)
34 C.F.R. Part 300 (Individuals with Disabilities Education Act)

Cross Reference: JLCD-R – Medication Administration on School Field Trips
JLCDA – Medical Marijuana in Schools

First Reading: June 18, 1990
Adopted: July 9, 1990
Reviewed: November 20, 1995, January 19, 1999;
July 17, 2000; June 17, 2002; September 7, 2004;
April 13, 2005; October 17, 2005
Revised: November 27, 1995; February 1, 1999; August 21, 2000;
June 15, 2006; March 23, 2009; January 5, 2015 (effective 8/1/15)
January 16, 2018