

# Bishop's University Residence

## Medical Marijuana Agreement

Student Name:  
Residence Hall:

Student ID:  
Room Number:

### Please review each area and initial each paragraph to indicate your understanding

\_\_\_: This agreement will expire at the end of each academic semester. I agree to provide current and updated documentation to the Director of Residence and Conference Services at the beginning of each academic semester while I am living in Residence.

\_\_\_: I will not provide any of the medical marijuana that I have obtained for my personal use to others (residents, guests of residents, etc...)

\_\_\_: I will only use my medical marijuana in designated campus locations agreed upon by myself, the Director of Residence Life and Conference Services, and the Manager of Security.

\_\_\_: I understand that the only type of medical marijuana that I will be able to consume on campus will be limited to the following; Vaporizers, Pills, or a cooking method. I understand that my consumption of medical marijuana cannot leave any smell on my person, or in my residence building

\_\_\_: I understand that I may only have one month's supply (As outlined in my prescription) worth of medical marijuana in my room

\_\_\_: I will store all medical marijuana in my residence room [Hall/Room Number], ensuring that my room is left locked at all times when I am not home, and ensure that my medical marijuana is stored in its original containers.

\_\_\_: For safety and storage security, I understand that it is in my best interest to be discreet with whom I share this information

\_\_\_: I agree I will not use my medical marijuana within my residence room/hall. I understand that a mutually agreed upon location will be identified to allow use of my medical marijuana on campus. This agreed upon location is \_\_\_\_\_

\_\_\_: I understand that only in special circumstances that an exception will be made to the consumption of medical marijuana in residence. As part of my accommodation I have been granted special permission to smoke in my personal residence room Y/N

\_\_\_: I understand that if I am consuming medical marijuana in my residence it must be done in my individual room, alone. I also understand that my room/person may not smell like marijuana at any point.

\_\_\_: I understand that at the discretion of the Director of Residence and Conference Services, or in the event of emergency, residence life staff members (including student-staff), and Campus Security may be updated on the nature of this accommodation, and/or agreement. In this event, staff notified will follow strict confidentiality.

\_\_\_: I understand that Campus Security will be made aware of this accommodation, and the agreed upon location for the consumption of medical marijuana.

\_\_\_: I understand that myself nor room must not smell of marijuana. Residence Life -Staff and Campus Security will follow normal procedures outlined in the Residence Community Living Standards if the smell of marijuana is detected on my person or my residence room. I understand that if a summons is issued, I will be required to meet with the Director of Residence and Conference Services.

I have read and agree to all of the terms of the Bishop's University Medical Marijuana Agreement. I understand that if I have questions, concerns, or need assistance, I will contact the Director of Residence and Conference Services.

Failure to follow this policy could impact my medical marijuana accommodation in residence.

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Student Signature/Date

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Director of Residence and Conference Services Signature/Date

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Manager of Security Signature/Date