

Marauder Care
Provider and Parent Permission to Administer Emergency Medication at Marauder Care

To Be Completed by Parent



Student Name: _____ DOB: _____

Grade: _____ Teacher: _____

I request the Marauder Care staff assist my child to take their emergency medication listed on this plan only if the school nurse determines my child is self-directed and can take the medication on their own. I will provide the medication in the original pharmacy or over the counter container to the Marauder Care staff. This plan will be shared with school staff caring for my child.

Parent Signature Date

Email Phone where you can be reached

To Be Completed by Healthcare Provider - Valid for 1 year

Diagnosis: _____

Medication: _____

Dose: _____ Route: _____ Time(s): _____

Recommendations: _____

Note: Medication will be given as close to prescribed time as possible, but may be given up to an hour before or after prescribed time. Please advise if there is a time specific concern regarding administration.

Independent Carry and Use Attestation Attached (Required for Independent Care and Use)

NYS law requires both provider attestation that the student has demonstrated they can effectively self-administer inhaled respiratory rescue medications, epinephrine auto-injector, insulin, carry glucagon and diabetes supplies or other medications which require rapid administration along with parent/guardian permission delivery to allow this option in school. Check this box and attach the attestation to this form to request this option.

Name/Title of Prescriber (Please Print) Date Stamp

Prescriber's Signature Phone

Email