



**Providing Excellence in Education and Care Since 1985**  
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## **Guidelines for Students with Medical Conditions**

The outline below lists the documents we are required to have on hand for any student with a medical condition or who are required to take medication at school.

- Individualized Health Care Plan **OR** Allergy Action Plan **OR** Asthma Action Plan as applicable to the child's condition
  - o Must be signed by **BOTH** doctor and parent.
- Authorization to Administer Medication Form (p4 of registration packet)
  - o Must be completed by parent for EACH medication.
  - o Must be signed by **BOTH** doctor and parent.
- Doctors Medication Order Provided by Doctor (if Doctor didn't sign Authorization or Administer Medication P4)
- Staff Training Form (This Page) must be signed by **BOTH** doctor and parent.
- Medications must be provided exactly as doctor has prescribed (brand specific) and in original box with attached prescription.

### **\*\*\*\*\* Staff Training Form \*\*\*\*\***

**Student Name:** \_\_\_\_\_

Name of educators that received training addressing the medical condition:  
\_\_\_\_\_

Person who trained the educator (child's parent, child's health care professional):  
\_\_\_\_\_

Additional Information The School Should Know About My Child:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Doctors Signature Not Required on This Form if Accompanied by an Individualized Healthcare Plan)**