Staff training record
Administration of specific medical treatment and use of equipment

Name: ____________________________________________________________

Type of training received: __________________________________________

Date training completed: ___________________________________________

Training provided by: ____________________________________________

I confirm that ___________________________ has received the training detailed above and has been given advice on how to carry out any necessary treatment as stated in the health care plan.

Trainer’s signature: ___________________________ Date: _________________

Print name: ______________________________________________________

I confirm that I have received the training detailed above.

Staff signature: ___________________________ Date: _________________

Print name: ______________________________________________________

Suggested review date: ___________________________

Adapted from: ‘Managing Medicines in schools and early years settings’ (DCSF/DH, 2005).
NHS Richmond Services for Children, 2010_V1.
Review date: January 2012.