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| **APPENDIX D**  **School Personnel Prevalent Medication Condition Training Record** | | | | |
|  | | C:\Users\jviskovich\Desktop\NEW LOGO AND LETTERHEAD\NCDSB-Colour-Print.jpg |  | |
| **PREVALENT MEDICAL CONDITION TRAINING - ATTENDANCE RECORD** | | | | |
| SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    PRINCIPAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    DESCRIPTION OF PRESENTATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (e.g. face-to-face training, webcast, video, etc)    DATE OF TRAINING SESSION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Name | Position  (e.g. Principal, Teacher, Support  Staff, Coach, Volunteer, Food Service Provider) | | | Signature |
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