APPENDIX D

School Personnel Prevalent Medication Condition Training Record



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