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| **FORM MP5****STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES** | School Crest |

|  |  |
| --- | --- |
| Name of School: | *Cambridge House Grammar School* |
| Name: |  |
| Type of training received: |  |
|  |  |
| Date training completed |  |
| Training provided by: |  |
| Profession and title: |  |
|  |  |

I confirm that ……………………………………………(*name of member of staff*) has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated…………………………(*please state how often*).

Trainer’s signature: ……………………………………………….

Date: ……………………………………………….

I confirm that I have received the training detailed above.

Staff signature: ……………………………………………….

Date: ………………………………………………..

Suggested review date: ………………………………………………..