LONDON BOROUGH OF RICHMOND UPON THAMES

# 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.