

## Licensed Health Professional Training Record for Designated/Delegated School Employee

This document serves as an optional checklist for the training of school employee per district policy.

Name of Designated/Delegated School Employee (Print) \_\_\_\_\_

Name of Designated/Delegated School Employee (Signature) \_\_\_\_\_ Initials \_\_\_\_\_

### Medication Administration

Date Trained	*						
Designated School Employee Initials							
Licensed Health Professional Initials							

### Epinephrine Autoinjector

Date Trained	*						
Designated School Employee Initials							
Licensed Health Professional Initials							

### Asthma Inhaler

Date Trained	*						
Designated School Employee Initials							
Licensed Health Professional Initials							

### Glucagon

Date Trained	*						
Designated School Employee Initials							
Licensed Health Professional Initials							

### Naloxone

Date Trained	*						
Designated School Employee Initials							
Licensed Health Professional Initials							

(\*) Indicates initial training.

**Diabetes Care/Insulin Administration**

Date Trained	*						
Designated School Employee Initials							
Licensed Health Professional Initials							

**G-Tube Feeding**

Date Trained	*						
Designated/Delegated School Employee Initials							
Licensed Health Professional Initials							

**Other** \_\_\_\_\_

Date Trained	*						
Designated/Delegated School Employee Initials							
Licensed Health Professional Initials							

**Other** \_\_\_\_\_

Date Trained	*						
Designated/Delegated School Employee Initials							
Licensed Health Professional Initials							

Name of Licensed Health Professional (Print) \_\_\_\_\_

Name of Licensed Health Professional (Signature) \_\_\_\_\_ Initials \_\_\_\_\_

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(\*) Indicates initial training.