APPENDIX D

School Personnel Prevalent Medication Condition Training Record

NCDSB

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