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| **APPENDIX D****School Personnel Prevalent Medication Condition Training Record**  |
|    | C:\Users\jviskovich\Desktop\NEW LOGO AND LETTERHEAD\NCDSB-Colour-Print.jpg |  |
| **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  |
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