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| **RECORD OF TRAINING IN ADMINISTERING MEDICAL/ EMERGENCY PROCEDURES** |
| This form is to be used where there has been a parental request for school staff to administer a medical procedure/emergency medical procedure. Training will be provided in the relevant procedure(s) by the appropriate health professional(s).  Training will be provided with the agreement of parent / carer/ responsible medical professional/ Headteacher/and Barnsley Local Education Authority, on the understanding that:   * Staff undergo training on a voluntary basis. * Staff are employees of the Barnsley Local Education Authority or Governing Bodies in Barnsley VA Schools or are carers approved by the Barnsley NHS Primary Care Trust/Barnsley District General Hospital NHS Trust. * Staff agree to regular review and update their skills under instruction from a trainer approved by the responsible medical professionals. |
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| Date of awareness session: |
| Nature of medical procedure to be undertaken: |
| Pupils Name: |
| Year Group/Class: |
| *Please check that the pupils address, emergency contact name and number and parents contact details are up to date in the school records.* |
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| Name of GP: |
| Address: |
| Telephone no: |
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| Date training undertaken: |
| Training provided by: |
| And approved by: |

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| **Name of Nominated Staff** | **Signature** |
| **1** | *I have understood the training that has been provided and feel*  *competent in carrying out the task.* |
| **2** | *I have understood the training that has been provided and feel*  *competent in carrying out the task.* |
| **3** | *I have understood the training that has been provided and feel*  *competent in carrying out the task.* |
| **4** | *I have understood the training that has been provided and feel*  *competent in carrying out the task.* |
| **5** | *I have understood the training that has been provided and feel*  *competent in carrying out the task.* |
| **6** | *I have understood the training that has been provided and feel*  *competent in carrying out the task.* |
| **7** | *I have understood the training that has been provided and feel*  *competent in carrying out the task.* |
| **8** | *I have understood the training that has been provided and feel*  *competent in carrying out the task.* |
| **9** | *I have understood the training that has been provided and feel*  *competent in carrying out the task.* |
| **10** | *I have understood the training that has been provided and feel*  *competent in carrying out the task.* |
| **11** | *I have understood the training that has been provided and feel*  *competent in carrying out the task.* |
| **12** | *I have understood the training that has been provided and feel*  *competent in carrying out the task.* |
| **DECLARATION BY SUPERVISING DOCTOR/NURSE**  I declare that the above named individuals have attended an awareness session under my supervision. They have been made aware of the medical condition and procedure and have been given the appropriate training and level of understanding to administer medical procedures as detailed in the Care Plan and Teaching Pack where appropriate. | |
| **Name:** | **Status:** |
| **Signed:** | **Date:** |