**Staff / Childminding Training Record**

**Administration of Medicines and or Medical Intervention**

|  |  |
| --- | --- |
| **Name of setting:** |  |
| **Name:** |  |
| **Type of training received:** |  |
| **Date of training completed:** |  |
| **Training provided by:** |  |
| **Profession and title:** |  |

I confirm that [*name of staff/childminder*] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [*name of staff/childminder*].

Trainer’s signature:

Date:

**I confirm that I have received the training detailed above.**

Staff member/Childminder signature:

Date:

Suggested review date:

Adapted from the DFE Supporting Children with Medical Needs Templates Doc (2015)