

**DOCUMENTATION OF INSTRUCTION FROM REGISTERED NURSE TO
 UNLICENSED SCHOOL PERSONNEL**

Student Name _____ Date of Birth _____

School _____ School Year _____

Staff Member Name _____

Has been instructed in the following procedure(s):

Dates	Staff Initials	R.N. Initials	Procedure	Comments

The staff member has satisfactorily demonstrated the ability to carry out the procedure(s) safely. Both the staff member and the Registered Nurse have agreed that the task can be safely monitored with periodic supervision. Therefore the above named person agrees and states that: "I have received training in the procedure(s) initialed above and am capable, willing, and physically able to perform the procedure(s) as per written guidelines."

Signature of Staff Member trained _____ Date _____

Follow-Up Training and Supervision:

Dates	Staff Initials	R.N. Initials	Comments

Date	Signature of RN	Date	Signature of RN