

Student Photo  
To be supplied  
by the school.

School District No. 40  
**Medical Alert Form: Information and Training**

**Section C – Information and Training**

If training is required to administer the medication, please identify who has had the training and when it was completed. Most often parents are the trainer. If assistance from Nursing Support Services is required, please contact your school principal or designate.

Name of Trainer: \_\_\_\_\_ Position: \_\_\_\_\_  
 Nature of Training: \_\_\_\_\_ Date: \_\_\_\_\_

**People Trained**

Print Name		Signature	Date
<b>Principal or Designate</b>			