

Health Training Tracking Sheet

Staff Name(print) _____ **School/Year** _____

Vector Trainings	Date completed	Physical Skills Pass-off Date(s)
Medication Administration Basics		
Health Emergencies: Asthma Awareness		
Medication Administration: Epinephrine		
Health Emergencies: Diabetes Awareness		
Medication Administration: Glucagon		
Health Emergencies: Seizures		
Bloodborne Pathogen Exposure		
Documents		
WCSD Guide to Medication Administration and WCSD Med Policy 2320		
Other Trainings		
Head Injury Flow Chart- UDOH Head Injury Symptoms Checklist What is a Concussion Video – CDC Concussion Signs/Symptoms Video – CDC Concussion Danger Signs Video – CDC		
First Aid/CPR/AED every 2 yrs		
How to Spot an Opiate Overdose Naloxone Intranasal Video Naloxone Injection Video		

Stop the Bleed Training		
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Staff signature: _____ Date_____

School Nurse: _____ Date: _____