



# List of Trained Unlicensed School Staff

Print Form

Health Services  
 Mat-Su Borough School District  
 501 N. Gulkana  
 Palmer, AK 99645  
 P: (907) 746-9200

The Mat-Su Borough School District employee(s) listed below have been trained in Medication Administration as specified by the school district policy.

***If applicable, Health Forms for "Authorization for Administration of Specialized Health Care Procedures", HF 605B, and "Parent Delegation HF 605 C, and, or an IHP, will be kept on file, in the student's health chart.***

**PRINT NAME**

Name:	Date:	Role:	Field trip/UAP/ Parent Delegation	PO/ Inhaled/ Injection/ GTSS Other:	90 Day FU:	Trained by:
			Field Trip <input type="checkbox"/> UAP <input type="checkbox"/> Parent Delegation <input type="checkbox"/>	PO <input type="checkbox"/> Inhaled <input type="checkbox"/> Injection <input type="checkbox"/> GTSS Other <input type="checkbox"/>		
			Field Trip <input type="checkbox"/> UAP <input type="checkbox"/> Parent Delegation <input type="checkbox"/>	PO <input type="checkbox"/> Inhaled <input type="checkbox"/> Injection <input type="checkbox"/> GTSS Other <input type="checkbox"/>		
			Field Trip <input type="checkbox"/> UAP <input type="checkbox"/> Parent Delegation <input type="checkbox"/>	PO <input type="checkbox"/> Inhaled <input type="checkbox"/> Injection <input type="checkbox"/> GTSS Other <input type="checkbox"/>		
			Field Trip <input type="checkbox"/> UAP <input type="checkbox"/> Parent Delegation <input type="checkbox"/>	PO <input type="checkbox"/> Inhaled <input type="checkbox"/> Injection <input type="checkbox"/> GTSS Other <input type="checkbox"/>		
			Field Trip <input type="checkbox"/> UAP <input type="checkbox"/> Parent Delegation <input type="checkbox"/>	PO <input type="checkbox"/> Inhaled <input type="checkbox"/> Injection <input type="checkbox"/> GTSS Other <input type="checkbox"/>		
			Field Trip <input type="checkbox"/> UAP <input type="checkbox"/> Parent Delegation <input type="checkbox"/>	PO <input type="checkbox"/> Inhaled <input type="checkbox"/> Injection <input type="checkbox"/> GTSS Other <input type="checkbox"/>		
			Field Trip <input type="checkbox"/> UAP <input type="checkbox"/> Parent Delegation <input type="checkbox"/>	PO <input type="checkbox"/> Inhaled <input type="checkbox"/> Injection <input type="checkbox"/> GTSS Other <input type="checkbox"/>		
			Field Trip <input type="checkbox"/> UAP <input type="checkbox"/> Parent Delegation <input type="checkbox"/>	PO <input type="checkbox"/> Inhaled <input type="checkbox"/> Injection <input type="checkbox"/> GTSS Other <input type="checkbox"/>		

**Original to be kept on site  
 Copy to Nurse Coordinator upon request**