

DUE SEPTEMBER 10

*Potomac Conference
Office of Education*

MA

**FOR SCHOOLS WITH
DELEGATING NURSE**

MEDICATION ASSISTANT INFORMATION



School Year _____

School _____

Medication Assistant _____

Date Trained _____

Location of Training _____

Date of Refresher Course _____

Location of Refresher Course _____

Delegating Nurse _____

Principal/Head Teacher

Date

*Virginia- Refresher Course needed annually
Maryland- Refresher Course needed every two years*