

Confirmation of Annual Staff Training

Please complete and return to the School Nurse assigned to your Campus

Employee Name _____

Date _____

SBJC-Campus _____

I have completed the required following power points:

_____ Food allergies

_____ Asthma in-service

_____ Blood Borne Pathogen in-service

_____ Diabetes in-service

_____ Seizure in-service

Signature _____