

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Office of the Chief Medical Director  
District Nursing Services

**TRAINING LOG**

TOPIC \_\_\_\_\_

SCHOOL YEAR \_\_\_\_\_

SCHOOL \_\_\_\_\_

DATE \_\_\_\_\_

No.	PRINT NAME	SIGNATURE	EMPLOYEE #	JOB TITLE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Training materials used \_\_\_\_\_

School Nurse Trainer's Signature \_\_\_\_\_

School Administrator's Signature \_\_\_\_\_

Distribution: School Administrator  
LD Nurse Administrator  
Medication/Protocol Book (Retain for 7 years)