NHS Northern, Eastern and Western Devon Clinical Commissioning Group
NHS South Devon and Torbay Clinical Commissioning Group

Medicines administration staff signature template

Care Home Name:	
Department/Area:	

To be signed by a senior healthcare professional or care home manager only:
I confirm the below signatories have undertaken medicines administration training and are authorised to administer medication.

Name (print):…….....

Signature:……Date:……..

All care home staff qualified to administer medicines, please sign below:
This signing sheet is to be reviewed and updated on a regular basis especially when there are relevant staff changes

Name (print)	Signature	Initials as used on MAR sheet	Senior healthcare professional signature or manager	Date