NHS
Kent and Medway

Medicines Administration Staff Signature List

Care home:	
Unit / 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 competencies, and are authorised to administer medication

Name and role (print): ……

Signature: …… **Date:** ……

Name BLOCK CAPITALS	**Signature**	**Initials as used on MAR chart**	**Date training completed**	**Date competency completed**