



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 (print):

Signature:Date:

All care home staff qualified to administer medicines must sign below:

This signing sheet should be reviewed and updated on a regular basis.

Name (in block capitals)	Signature	Initials as used on MAR chart	Date training completed	Date competency completed



Kent and Medway