	Please use a separate form for each medication and ensure that <b>ALL</b> white areas are completed.		s are completed. Appendix	Appendix 1B	
Pupil Name	Medication	Purpose /	Date		
·		Condition	Commenced		
Common side effects of					
which to be aware					
William to be all all e					
Having provided the above medic	ation in the original container in which it was	dispensed and having ensured that the original disp	ancing label is intact with all necessary instru	ctions cloarly	
Having provided the above medication in the original container in which it was dispensed and having ensured that the original dispensing label is intact with all necessary instructions clearly visible, I consent to the above prescription medication being administered to my son by CLS Staff in accordance with instructions on the label.					
visible, i consent to the above pre-	scription medication being duministered to my	y son by CLS stay in accordance with instructions of	THE IUDEI.		
Parent / Guardian signature			Date		
r arent / Guardian signature			Date		
Please use a separate form for each medication and ensure that <b>ALL</b> white areas are completed.					
Pupil Name	Medication	Purpose /	Date		
		Condition	Commenced		
Common side effects of			·		
which to be aware					
Having provided the above medication in the original container in which it was dispensed and having ensured that the original dispensing label is intact with all necessary instructions clearly					
visible, I consent to the above prescription medication being administered to my son by CLS Staff in accordance with instructions on the label.					
,	,				
Parent / Guardian signature			Date		
Turcht / Guardian signature			Date		