

<i>Please use a separate form for each medication and ensure that <b>ALL</b> white areas are completed.</i>							<b>Appendix 1B</b>	
Pupil Name		Medication		Purpose / Condition		Date Commenced		
Common side effects of which to be aware								
<i>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.</i>								
Parent / Guardian signature						Date		

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