

| ANNEX A Permission to Administer Medication Form  | | | | | |
|--|----------------|-------------------------------------|------------------------------------|-----------------------------------|-----------------------|
| Participant Name: | | Participant's Date of Birth: | | Participant Address: | |
| Emergency Contact Name: | | Emergency Contact #: | | | |
| Name of Medication (as it appears on label) | Dosage & Route | Medication Expiry | Instructions for Taking Medication | Administration Schedule (timings) | Possible Side Effects |
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| Additional Notes: | |
| <p>I authorize PSP Staff to administer medication to my child on my behalf during the camp program. I am responsible for updating staff if there are changes to the above listed medications.</p> <p style="text-align: center; font-size: 2em; margin-top: 20px;">X</p> <hr style="border: 0.5px solid black; margin: 5px 0;"/> <p style="font-size: 0.8em; margin: 0;">Parent/guardian signature Date</p> | <p>PSP Staff have reviewed and discussed medication administration and potential side effects.</p> <p style="text-align: center; font-size: 2em; margin-top: 20px;">X</p> <hr style="border: 0.5px solid black; margin: 5px 0;"/> <p style="font-size: 0.8em; margin: 0;">PSP Staff Date</p> |