



Medication Procedures for Art-N-Theatre Camp 2023

If it is necessary for a participant to bring emergency/rescue medication(s) with them to the program, the medication policy below must be followed. In addition, the attached medication consent form must be completed and signed by you, the parent/guardian, as well as the treating physician.

Three ways to return any camp form:

- **Bring the signed form at arrival on the 1st day of camp.**
- **Email to artsoutreach@artsglenallen.com**
- **Drop off at the front desk of the Cultural Arts Center, 2880 Mountain Road, Glen Allen, Virginia 23060. Thank you!**

Emergency/Rescue Medication Policy

- Medication should be administered at home whenever possible.
- If it is necessary for a participant to receive emergency/rescue medication(s) during program hours, the attached form must be completed.
- Only emergency/rescue medication(s) as authorized by a physician are allowed at a Cultural Arts Center program.
- Cultural Arts Center staff will only administer the emergency/rescue medications that have been provided and are listed on the medication consent form. Additionally, CAC staff will call 911 anytime they administer emergency/rescue medications.
- If the participant can self-administer emergency/rescue medication(s), then they are allowed to keep the medications on their person or in an accessible location (purse, lunch bag, etc.)
- A parent/guardian or designated caregiver may come to the program location and administer emergency/rescue medications if the participant is unable to self-administer.
- A medication consent form is required for all medications present under this policy.
- Signed and completed medication consent forms must be returned at least five days prior to the start of the program.
- All medications **MUST** be in the original container. Except for medications that inherently contain multiple doses, e.g., inhalers, medication containers should only contain the dosage needed during program hours.
- All medication containers must have a prescription label with the participant's name, dosage, frequency, physician's name, and prescription number. For inhalers and/or epi-pens, please have the label on the device itself, not the box. This is for the safety of the participant should their medication become separated from box.
- Any medication not meeting these requirements will not be allowed at any program.
- No over-the-counter medication will be allowed at the camp unless it is designated by a physician to be an emergency medication. i.e., Ibuprofen, Tylenol, aspirin, etc.

Participant Medication Management Consent Form
The Cultural Arts Center at Glen Allen / Art-N-Theatre Camp 2023

(To be completed for each medication administered during program hours)

Participant Name: _____ Camp Attending: _____

Parent/Legal Guardian Name: _____

Phone (home): _____ (work): _____ (Cell): _____

Address: _____

Physician Authorization (To be completed by Physician)

I approve use of the following emergency/rescue medication for the participant listed above.

Due to the participants need for emergency/rescue medication, I hereby consent for the participant to receive the medication listed below.

Medication Name _____

Medication Instructions/Notes (Attach additional information if necessary)

Physician Signature: _____ Date: _____

Print name: _____ Phone number: _____

Parent/Legal Guardian

Please select ONE of the following options for the above listed emergency/rescue medication:

OPTION 1 – Administered by staff

I understand that the Cultural Arts Center at Glen Allen does not employ certified medical personnel.

I hereby authorize persons who are not medically certified to administer the emergency/rescue medication listed above.

I understand that if the Cultural Arts Center staff administer the emergency/rescue medication listed, then they will immediately call 911.

I agree that I will be responsible for any charges incurred in connection with emergency medical services.

OPTION 2 – Administered by participant

I give the participant permission to carry and self-administer his/her emergency/rescue medication listed above while participating in the Cultural Arts Center's Visual and Performing Arts Camps.

OPTION 3 – Administered by parent/guardian or designated caregiver

I will arrange for the administration of the above listed emergency/rescue medication.

Parent/Legal Guardian Signature: _____ Date: _____