



2026 Medication Policy

This form is only needed for campers bringing medication to camp.

The 2nd page includes the Medication Consent Form that must be completed and **signed by the parent/guardian and the treating physician for:** The Cultural Arts Center at Glen Allen, 2880 Mountain Rd, Glen Allen, VA 23060. Email to the Camp Director: jennifer.brinkley@artsglenallen.com

INSTRUCTIONS: Place the original medication container with the prescription label inside a clear plastic zip-lock baggie, labeled with your camper's name and birth date. Sign and complete the Medication Form and place it inside the clear zip-lock baggie with the meds. On arrival, please personally hand the baggie to camp personnel.

- 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, etc.).
- If your camper is bringing an **inhaler** or **EpiPen** to camp, please label the device itself in case it becomes separated from the box. If they can self-administer emergency/rescue medication(s), then they are allowed to keep the medication on their person or in an accessible location (purse, lunch bag, backpack).
- **Preferred action plan:**

(See page 2 for the Medication Consent Form)

Medication Consent Form

Camp 2026 / The Cultural Arts Center at Glen Allen

(Valid from 06/01/2026 to 12/31/2026)

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

CAMPER'S FIRST & LAST NAME (print): _____

Date of Birth: ____/____/_____

Age: _____

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: _____ Dosage: _____

Reason for taking: _____

Physician Signature: _____ Date: _____

Print name: _____ Phone number: _____

Parent/Legal Guardian

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

OPTION 1 – Self-administered by camper

I give my camper permission to carry to self-administer the medication listed above while participating in summer camp at The Cultural Arts Center.

OPTION 2 – Administered by camp personnel

I authorize the camp personnel, who are not medically certified, to administer the emergency/rescue medication listed above. I understand that if the staff administer the listed emergency medication, they will immediately call 911. In addition, I agree that I will be responsible for any charges that result from emergency medical services.

Preferred time of dosage (for non-emergency meds): _____

I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that I must pick up the medication on the last day of camp, or it will be discarded. I authorize the camp personnel to communicate with me in compliance with HIPAA.

Parent/Guardian Signature: _____

Printed Name of Parent/Guardian: _____

Date: _____

Home/Work Phone # _____ Cell Phone _____