

A CHILD'S PLACE @ HOLLIN HALL

MEDICATION POLICY

Medication (this includes all over the counter and prescription drugs, anti-itch and moisturizing lotions, lip balm, cough drops, etc.) will not be administered by A Child's Place Staff. Parents/legal guardians may come to the school at any time during the day to give their child medication. EXCEPTION: Life sustaining medication, as determined by the ADA (Americans with Disabilities Act) will be administered with appropriate paper work filled out by a doctor and a parent/legal guardian. A Child's Place staff, accordingly trained as determined by the Commonwealth of Virginia, will be permitted to administer life-sustaining medication. A logbook will be kept of all medications administered at A Child's Place at Hollin Hall. All medications must be taken home when the authorization form or actual medication expires.

Diaper rash ointment and sunscreen may be applied to your child with written parent authorization. Forms are available in the office. You would need to supply the actual ointment in its original container, labeled with your child's name. Teachers will apply these ointments and/or sunscreen. Children will not be permitted to apply to themselves. The application of diaper rash cream will be documented each time and then kept on file. All ointments/sunscreen must be taken home or disposed of once expired.

Please leave any and all life sustaining medicine/ointment with a staff member. Under no circumstances may the child retain possession of any medication once he/she comes under the supervision of A Child's Place. We will make sure it is stored in a locked cabinet, refrigerator or other acceptable area not accessible to the children. If all of the above instructions are not followed, the medication will not be given or ointment/sunscreen applied.

THERE WILL BE NO EXCEPTIONS TO THE ABOVE POLICY!

**I have read and understood the medication policy followed by
A Child's Place at Hollin Hall.**

Camper's Name: _____

Camp Group (please circle): JUNIORS SENIORS

Parent Name: _____

Signed: _____

Date: _____