



AN IMPORTANT MESSAGE REGARDING MEDICATION SAFETY AT VIA WEST CAMPUS

Dear Parent, Guardian, Conservator or Adult Participant,

The nursing staff at Via West Campus is committed to providing a healthy and safe stay for our participants through a thoughtful and time-tested medication administration process. We appreciate your participation in this process to ensure that every participant receives the right medication at the right time.

When you arrive for check-in, you will meet with one of the members of our nursing staff to hand in all prescribed medications, over-the-counter medications, vitamins, inhalers and injections that you would like for us to administer during your participant's stay.

The nurse will review each medication with you, complete a medication administration record (MAR) and then review the MAR with you to ensure that we have the right plan for your participant. After this review, you will sign and date the MAR to indicate your agreement with the plan.

During check in, please share with the health center staff any tips or suggestions for successful medication administration. We are happy to comply with your recommendations for everyone's benefit.

To facilitate this meeting with the nurse, we ask that you follow these simple steps:

1. Make a copy of the Medical Form signed by the physician to ensure medications are up-to-date before attending.
2. Bring medication, including vitamins and over-the-counter products, such as ibuprofen, in their original, unaltered containers.
3. For prescription medications, we ***MUST*** follow the instructions (including dosing) on the Prescription Label on the container. ***If you need any medication administered differently than the label on the prescription bottle, we require a note from the prescribing health care provider on their letterhead, signed and dated, indicating and approving the changes.***
4. Please send a few extra pills or liquid medications for our nurses to use in case a medication is dropped, spit out or otherwise becomes unusable. Please note: Health Center Staff are required to count number of pills for controlled substances.
5. If your participant needs their medications in applesauce, we are happy to provide that for you. For all other special foods (e.g. pudding, crackers, yogurt), please send a supply that our nurses can use when administering the medications. Please also make sure Health Center Staff are aware of any special tips / tricks etc. if needed to give medication.
6. If your participant needs a special cup, straw or other equipment to take medications, don't forget to provide those to the health center at check-in.

During weekend sessions, our nursing staff will administer medications beginning with dinner at 6:30PM. If your participant requires medications before this time, please plan to give them before you leave Via West.

During summer sessions, our nursing staff will administer medications beginning with snack time at 2:15 PM. If your participant requires medications before this time, please plan to give them before you leave Via West.

Many of our participants rely on prescription medications for disease management, behavior management or other health reasons. If your participant comes without crucial medications, we will ask you to either bring the medications before the first administration time or take the participant home with you.

OVER-THE-COUNTER MEDICATIONS

INITIAL BESIDE EACH OVER-THE-COUNTER MEDICATION THAT MAY BE GIVEN THE FOLLOWING ON A PRN (AS NEEDED) BASIS IF NOT CONTRAINDICATED.

- _____ Acetaminophen or ibuprofen for elevated temperatures, headaches or minor aches and pains
- _____ Ibuprofen for elevated temperatures, headaches or minor aches and pains or menstrual cramps.
- _____ Acetaminophen, ibuprofen, *Midol*, or *Pamprin* for menstrual cramps.
- _____ Antihistamines for runny nose, sneezing, eye irritation, rash, or other signs and symptoms of allergies.
- _____ Decongestants for nasal congestion.
- _____ Oral rehydrating fluid for signs and symptoms of dehydration or overheating.
- _____ Antitussive/Expectorants for minor cough.
- _____ Oral stool softener or laxative, suppository, or enema for constipation.
- _____ Antidiarrheal oral medication for diarrhea.
- _____ Calamine lotion, hydrocortisone cream, or *Technu* for bug bites or skin rash.
- _____ Triple antibiotic ointment for abrasions, minor lacerations, and other open skin areas.
- _____ Antifungal cream for athlete's feet or other fungal rashes
- _____ Antacids for stomach upset or indigestion
- _____ Burn ointment or gel for sunburn or other minor burns
- _____ Aspirin for chest pain suspected to be of cardiac origin
- _____ Epi-Pen or Epi-Pen Jr. IM for anaphylactic shock
- _____ Glucagon IM for low blood glucose in nonresponsive campers who have been diagnosed with diabetes
- _____ Glucose tablets or frosting for low blood glucose in campers who have been diagnosed with diabetes

OPTION #1

_____ MAY MAY NOT be given the above over-the-counter medication
(Print Participant's Name) (Please Check One)

Parent/Guardian Signature

Parent/Guardian Print Name

(Date)

OPTION #2

Please call me _____ prior to administering the above mentioned over-the-counter medication to my participant _____ while at a Via Services session or event.
(Print Participant's Name)

Parent/Guardian Signature

Parent/Guardian Print Name

(Date)