

Health History and Treatment Authorization Form
 Odyssey Teen Camp ♦ 525 E 82nd St, Suite 2H, New York, New York, 10028
 845-546-2126 ♦ adamssimon2424@gmail.com

The information on this form is gathered to assist us in identifying appropriate care. The Health History and Treatment Authorization Form is to be completed by the parent/guardian of minor campers or by adult campers, and must be updated annually. A physical examination must be completed by licensed medical personnel at least every two years.

Camper's Name _____ Gender: Male Female Age at camp _____ Birth Date _____

Address _____
 Street City State Zip

	Custodial parent / guardian	Second parent / guardian	If parent / guardian is not available in an emergency, contact:
Name			
Home phone	()	()	()
Work phone	()	()	()
Cell phone	()	()	()

Is the camper covered by medical insurance? Yes No

If yes, indicate carrier or plan name _____ Group # _____

Please attach a copy of the front and back of your health insurance card & prescription medication card to this form.

Name of family physician _____ Phone () _____

Name of family dentist _____ Phone () _____

Has/does the camper:	Yes	No		Yes	No
1. Had any recent injury, illness, or infectious disease?	___	___	15. Ever had problems with joints (e.g. knees, ankles)?	___	___
2. Have a chronic or recurring illness / condition?	___	___	16. Have an orthodontic appliance being brought to camp?	___	___
3. Ever been hospitalized?	___	___	17. Have skin problems (e.g. itching, rash, acne)?	___	___
4. Ever had surgery?	___	___	18. Have diabetes?	___	___
5. Have frequent headaches?	___	___	19. Have asthma?	___	___
6. Ever had a head injury or been knocked unconscious?	___	___	20. Had mononucleosis in the past 12 months?	___	___
7. Wear glasses, contacts, or protective eye wear?	___	___	21. Had issues with diarrhea/constipation?	___	___
8. Ever had frequent ear infections?	___	___	22. Have a history of sleepwalking?	___	___
9. Ever passed out or been dizzy during or after exercise?	___	___	23. If female, have an abnormal menstrual history?	___	___
10. Ever had chest pain during or after exercise?	___	___	24. If female and she has not yet menstruated, has she been told about it?	___	___
11. Ever had seizures?	___	___	25. Have a history of bed-wetting?	___	___
12. Ever had high blood pressure?	___	___	26. Have an eating disorder?	___	___
13. Ever been diagnosed with a heart murmur?	___	___	27. Had emotional difficulties for which professional help was sought?	___	___
14. Ever had back problems?	___	___			

Please explain any "Yes" answers, noting the number of the question. _____

ALLERGIES: List all known allergies to medications, foods, or other substances. Describe reaction and management of the reaction.

RESTRICTIONS: The following dietary / activity restrictions apply to this camper: _____

ADDITIONAL INFORMATION about the camper's behavior or physical, emotional, or mental health of which the camp should be aware:

IMMUNIZATION HISTORY:

Please give all dates of immunizations or attach immunization history.

Which of the following illnesses has the camper had?

	<u>Vaccine</u>	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
<input type="checkbox"/> Measles	DTP	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Chicken pox	TD (tetanus/diphtheria)	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> German measles	Tetanus	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Mumps	Polio	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Hepatitis A	MMR	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Hepatitis B	or Measles	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Hepatitis C	or Mumps	_____	_____	_____	_____	_____	_____
	or Rubella	_____	_____	_____	_____	_____	_____
TB Mantoux Test	Haemophilus influenza B	_____	_____	_____	_____	_____	_____
Date of last test _____	Hepatitis B	_____	_____	_____	_____	_____	_____
Result: _____	Varicella (Chicken pox)	_____	_____	_____	_____	_____	_____
	Meningococcal meningitis	_____	_____	_____	_____	_____	_____

IMPORTANT - This section must be signed for attendance.

Parent/Guardian Authorization: This health history is correct and complete as far as I know. The person named herein has permission to engage in all camp activities, except as noted.

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be needed, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission to the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting *in loco parentis* if the person named herein is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I hereby agree to the disclosure to camp representatives of the protected health information of the person described herein, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named herein. This form may be photocopied for trips out of camp.

I understand that I will be contacted if my child is exposed to a communicable disease or if medical referral is necessary.

Signature of parent/guardian or adult camper/staff member **X** _____

Printed name _____ Date _____

I understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of camper / staff member _____ Date _____

Report of Physical Examination

Odyssey Teen Camp ♦ 525 E 82nd St, Suite 2H, New York, New York, 10028
845-456-2126 ♦ adamsimon2424@gmail.com

Date of Program: _____

Please return by: _____

Camper's Name: _____ Date of Birth: _____

A physical examination must be conducted by licensed medical personnel within two years of the end of the camper's stay at camp.

Date of exam: _____ BP _____ Weight _____ Height _____

This camper is under the care of a physician for the following conditions: _____

General appraisal: _____

Known allergies: _____

Restrictions / limitations to be followed at camp: _____

Additional information about the camper's behavior or physical, emotional, or mental health of which the camp should be aware:

I have examined this person on the date shown above. In my opinion, he/she is able to participate in an active camp program, except as noted.

Signature of health care provider **X** _____ Date _____

Printed name _____ License # _____

Medication Administration Orders
 Odyssey Teen Camp ♦ 525 E 82nd St, Suite 2H, New York, New York, 10028
 845-456-2126 ♦ adamsimon2424@gmail.com

Date of Program: _____
 Please return by: _____

Camper's Name _____ Birth Date _____

New York State requires written orders for dispensing any medications. This page must be signed by a physician or other licensed medical personnel and by the camper's parent/guardian.

STANDING ORDERS FOR OVER-THE-COUNTER MEDICATIONS: The following over-the-counter medications are available at camp. If marked "Yes," they may be dispensed to the person named above for the indicated conditions, according to label directions. In all cases, generic medications may be used in place of name brands.

<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Acetaminophen - By mouth for headache, fever, menstrual cramps, or minor pain	<input type="checkbox"/>	<input type="checkbox"/>	Hydrocortisone 1% - Topical for skin irritation, itching, or rash
<input type="checkbox"/>	<input type="checkbox"/>	Aloe Vera Gel - Topically for pain related to burns or sunburn	<input type="checkbox"/>	<input type="checkbox"/>	Ibuprofen - By mouth for headache, fever, menstrual cramps, or minor pain
<input type="checkbox"/>	<input type="checkbox"/>	Bacitracin Antibiotic Ointment - Topically for minor cuts, scrapes, or burns	<input type="checkbox"/>	<input type="checkbox"/>	Saline Eye Drops - For irritation or redness of the eye
<input type="checkbox"/>	<input type="checkbox"/>	Benadryl - By mouth for sneezing, itching, hives, or rash, or swelling due to insect bites or stings	<input type="checkbox"/>	<input type="checkbox"/>	Sudafed - By mouth for nasal or sinus congestion
<input type="checkbox"/>	<input type="checkbox"/>	Cepacol Sore Throat Lozenges - By mouth for minor irritation, pain, sore mouth, or sore throat	<input type="checkbox"/>	<input type="checkbox"/>	Tums - By mouth for nausea, heartburn, indigestion
<input type="checkbox"/>	<input type="checkbox"/>	Calamine Lotion - Topical for skin irritation			

ROUTINE MEDICATIONS: The following medications are to be dispensed to the person named above while at camp. List all medications (including both over-the-counter and prescription medications) taken routinely. Bring enough medication to last the entire time at camp. Over-the-counter medications must be delivered to camp in the original packaging. Prescription medications must be delivered to camp in pharmacy packaging that identifies the patient, prescribing physician, the name of the medication, the dosage, the route of administration, and the frequency of administration.

This patient takes NO MEDICATIONS on a routine basis.
 This patient takes the following medications on a routine basis:

Medication	Dosage	Route	Schedule	Comments

(If more space is needed, please check here _____, and list additional medications on the back.)

Note: All prescriptions must be filled by Camp Meds – forms attached at the end.

I authorize the use of the indicated medications in the treatment of this patient.
 Signature of health care provider **X** _____ Date _____
 Printed name _____ License # _____

I have reviewed this information and agree to its accuracy, and authorize the use of the indicated medications in the care of my child.
 Signature of Parent/Guardian **X** _____ Date _____

We are writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis. New York State Public Health Law requires us to provide information about meningococcal disease and vaccination to the parents or guardians of all campers who attend camp for seven or more consecutive nights. We are required to maintain a record of the following information for each camper:

- A response to receipt of information about meningococcal disease and vaccination, signed by the camper's parent or guardian.
- Information on availability and cost of meningococcal meningitis vaccine (Menomume™).
- A record of meningococcal meningitis immunization within the past 10 years, or
- An acknowledgement of meningococcal meningitis disease risks and refusal of meningococcal meningitis immunization signed by the camper's parent or guardian.

Please review this material carefully, complete the Response Form (below) and return it with your child's Health Form.

Meningitis is rare. When it strikes, however, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column, as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation, and even death. Cases of meningitis among teens and young adults 15 - 24 years of age have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives.

A vaccine that protects against four types of the bacteria that cause meningitis in the United States (types A, C, Y and W-135) is available. These types of bacteria account for nearly two thirds of meningitis cases among teens and young adults. Information about the availability and cost of the vaccine can be obtained from your health care provider, or by visiting the manufacturer's website at www.meningitisvaccine.com. Odyssey Teen Camp does not offer meningococcal immunization.

To learn more about meningitis and the vaccine, please contact your child's health care provider. You can also find information at the New York State Department of Health website (www.health.state.ny.us) and at the website of the Centers for Disease Control and Prevention (www.cdc.gov/ncidod/dbmd/diseaseinfo).

Thank you for your attention to this matter. Please let us know if you have questions or need any additional information.

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires the operator of an overnight children's camp to maintain a completed response form for every camper who attends camp for seven or more consecutive nights.

Please check one box and sign below:

- My child has had the meningococcal meningitis immunization (Menomume™) within the past 10 years.

Date received: _____

[Note: The vaccine's protection lasts approximately 3 - 5 years. Revaccination may be reconsidered within 3 - 5 years.]

- I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine and have decided that my child will not obtain immunization against meningococcal meningitis disease.

Signed: _____

Date: _____

Camper's Name: _____

Date of Birth: _____

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Communicable Disease Control

Meningococcal Disease

Information for College Students and Parents of Children at Residential Schools and Overnight Camps

What is Meningococcal Disease?

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord).

Who gets Meningococcal Disease?

Anyone can get meningococcal disease, but it is more common in infants and children. For some college students, such as freshmen living in dormitories, there is an increased risk of meningococcal disease. Between 100 and 125 cases of meningococcal disease occur on college campuses every year in the United States; between 5 and 15 college student die each year as a result of infection. Currently, no data are available regarding whether children at overnight camps or residential schools are at the same increased risk for disease. However, these children can be in settings similar to college freshmen living in dormitories. Other persons at increased risk include household contacts of a person known to have had the disease, and people traveling to parts of the world where meningitis is prevalent.

How is the germ meningococcus spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person. Many people carry this particular germ in their nose and throat without signs of illness, while others may develop serious symptoms.

What are the symptoms?

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. Among people who develop meningococcal disease, 10-15% die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

Who soon do the symptoms appear?

The symptoms may appear 2 to 10 days after exposure, but usually within 5 days.

What is the treatment for meningococcal disease?

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

Is there a vaccine to prevent meningococcal meningitis?

Yes, a safe and effective vaccine is available. The vaccine is 85% to 100% effective in preventing four kinds of bacteria (serogroups A, C, Y, W-135) that cause about 70% of the disease in the United States. The vaccine is safe, with mild and infrequent side effects, such as redness and pain at the injection site lasting up to 2 days. After vaccination, immunity develops within 7 to 10 days and remains effective for approximately 3 to 5 years. As with any vaccine, vaccination against meningitis may not protect 100% of all susceptible individuals.

How can I get more information about meningococcal disease and vaccination?

Contact your family physician or your student health service. Additional information is also available on the websites of the New York State Department of Health, www.health.state.ny.us; the Centers for

Disease Control and Prevention www.cdc.gov/ncid/dbmd/disease_info; and the American College Health Association, www.acha.org.

Parent/Guardian Permission - Use of Sunscreen at Camps

Self Application

I give permission for _____ to carry and self apply
(camper's name)

sunscreen. I understand that the following conditions must be met in order to promote proper and safe use of sunscreen at Camp:

- 1) The sunscreen will only be used to prevent overexposure to the sun.
- 2) Only sunscreen approved by the FDA for over the counter use will be permitted for use by the camper.

Signature _____ Date _____

Assisted Application

If _____ is unable to apply the sunscreen themselves
(camper's name)

I give permission for the camp staff to assist in the application of the sunscreen.

Signature _____ Date _____

Reminder: Sunscreen is considered a drug and shall be checked and logged by the camp as such in accordance with the policies and procedures set forth in their Safety Plan.

Dear Parents,

In our on-going commitment to meet the needs of our campers who require medication while at camp as well comply with strict state regulations regarding medication dispensing for summer camps, we will once again be working with *CampMeds Inc.*, a pre-packaging medication program founded by a former camp nurse. *CampMeds* has been servicing the camping industry for the past 12 summers providing the convenient service of dispensing, packaging and shipping medications directly to summer camps.

Our policy and procedure for dispensing and administering medicine requires camp families to have all of your child's medicine in pill form dispensed by *CampMeds* and sent to camp prior to their arrival.

CampMeds will fill:

- Prescription medication in pill form (daily and "as needed")
- Non prescription items (OTC) such as allergy medication (daily and "as needed")
- Vitamins-(**for specialty vitamins/supplements, email CampMeds to confirm they can provide**)

The exceptions are: Accutane, dissolvable pills, birth control pills, growth hormone, insulin, injections, and as needed Lactaid.

*Our camp stocks most over the counter items such as Tylenol, Advil, Benadryl, etc. so there is no need to have *CampMeds* dispense typical OTC items. (Please refer to our camp information for a complete list of OTC items we stock)

Medications that are in pill form are individually packaged and sealed according to date and time of administration. Each individual packet may contain one or more pills prescribed to be given at the same time. This method of dispensing medicine during summer camp minimizes potential med errors, ensuring that every camper gets the correct medication and dosage, at the right time, on the right day. It also allows your children to return to their camp activities sooner, because administering meds that are pre-packaged and organized reduces their time spent in line waiting for meds! Our nurses now have more time to devote to your child's other healthcare needs.

Medication at camp is dispensed at mealtimes and bedtime. Only if medically necessary and a specific time are written on the prescription, will the meds be dispensed at a different time of day. You are responsible to check that your child's prescriptions are written exactly how and when the medication is to be given. For example, if the med is to be taken only as needed, the prescription must be written that way. If the med is to be the "brand drug", the prescription must be written with the words "Brand Name Necessary" or the generic will be dispensed

We want to be clear that we do expect 100% participation from families with campers who will need medication while at camp. The only exception to this procedure is if *CampMeds* notifies us that they are unable to accept your insurance. If your camper does not take medication, you do not need to register with *CampMeds*.

If your camper will be taking medication at camp this summer, please read the following detailed letter, important FAQ's and visit their website, www.campmeds.com for additional information and to register your camper.

We are confident that this program continues to help us achieve our primary goal; *the health, well-being and safety of your child.*



Dear Camp Parents,

This summer Odyssey Teen is working with *CampMeds Inc.*, a pre-packaged medication program to dispense and package your child's medication for camp. Camp families are required to register for the service of *CampMeds* if your child takes medicine in pill form while at camp. All pills will be individually packaged in sealed packets labeled with your camper's name, medicine, dosage, date and time to be given. Our system ensures that each camper receives their correct medicine at the right time of day. All medicine will be shipped to camp prior to your camper's arrival.

The *CampMeds* affiliated pharmacy will dispense all prescription and non-prescription pills taken daily or as needed. Medication not in pill form (liquids, inhalers, drops, etc), can be dispensed as well.

What you need to do:

1. Register on www.CampMeds.com (you may register prior to obtaining prescriptions)
2. Note the Camper ID # you will receive when you complete the online registration and print your receipt.
3. Obtain original prescriptions written for 30 day increments. If your child attends camp over 30 days, Rx's must have a refill.
4. For Controlled Substances only: If your child is staying longer than 30 days, law requires a new Rx for each 30 day supply. Two separate 30 day Rx's are required for Controlled Substances. Send all prescriptions together. We must receive the original Rx. Please provide your physician with the Physician Instructions located in the About Us Tab on the website.
5. Prescriptions are filled as written. It is your responsibility to confirm the correct medication, dose and exactly how and when your child takes the medication is prescribed.
6. Write Camper ID # on top corner of prescriptions. *Do not send us medication, only the written RX.
7. Non-prescription meds/vitamins; physician's authorization or written directions by parent required.
8. Include a copy of both sides of your insurance/prescription card.
9. Mail prescriptions, registration receipt and copy of insurance card directly to:
CampMeds PO Box 267037, Ft. Lauderdale, FL 33326-7037

Fees:

Fees: There is a one-time registration fee for the entire summer which will be charged to your credit card immediately upon registration. **Fees are per camper, not RX, and do not include the cost of medicine.

- Fee for campers attending up to 30 days of camp is \$50 including shipping

Deadlines: 30 Days Prior to Your Camper Start Date

A \$25 late fee **will be charged to your credit card if any of the items above are received after deadlines.**

Please be aware that your credit card will be charged any additional shipping cost for medication prescribed after your child's initial medication and/or refills have been sent to camp.

Email Notification: You are notified by email when *CampMeds* receives your online registration, when your prescriptions are received and when meds are sent to camp. Contact us if you do not receive a confirming email within one week of sending prescriptions.

Insurance/Prescription Meds: The *CampMeds* pharmacy partner accepts most insurance plans. They will verify your insurance upon registration and submit to your plan once camp begins. You are responsible for all co-payments, deductibles, meds and written prescriptions not covered by your insurance. * If the pharmacy is not a provider for your insurance, we will notify you to arrange alternative plans. All med charges will appear on your credit card statement from the Pharmacy usually after your child returns home.

OTC Items and Meds Not Covered by Insurance: Will be charged to your credit card by the Pharmacy.

Please refer to our website www.CampMeds.com for registration and important details. For questions contact *CampMeds* at 954-577-0025 or info@CampMeds.com. Please review the following important FAQ's.

CampMeds FREQUENTLY ASKED QUESTIONS

1. Exactly which medications am I required to have *CampMeds* dispense?

- All prescription and non-prescription pills and vitamins (taken daily and "as needed")
Except the following: Accutane, insulin, growth hormone injections, dissolvable pills, birth control pills and as needed Lactaid
- Most camps stock drugs such as Tylenol, Advil, Benadryl, etc; you do not need to have *CampMeds* dispense those typical items if they are only taken "as needed". Check with your camp to confirm the OTC meds they stock
- If your camper takes herbal/specialty vitamins, please contact *CampMeds* to determine if they can be packaged

2. How can I be sure the meds will be packaged exactly the way my child takes them?

It is your responsibility to check that the written prescription is written correctly. If the med is to be taken daily, the prescription should be written for every day with the time of day, such as morning, with lunch, etc. If the med is to be given at bedtime, the prescription must specify. **If a prescription is written as "once a day" with no specific time, the medication will be packaged for the morning.** If the med is taken only "as needed" (PRN), the prescription must be written to specify only "as needed".

3. Do I need to register my child again if I registered last summer?

Yes, you need to register for this summer and your child will be assigned a new Camper ID.

4. How can I ensure the meds will be covered by the *CampMeds* Pharmacy Partner?

Be sure the prescriptions we are filling are written exactly the way your child has always taken the medication. Review the RX with your physician before sending to *CampMeds*. If a new medication OR dose is prescribed, contact your prescription plan to confirm the med and dose is covered for a 30 day supply.

5. Will the pharmacy accept my insurance?

Our pharmacy partner is contracted with most insurance plans however, until you submit your online registration form with complete insurance information, your plan cannot be verified for billing. We will contact you if the pharmacy is not on your plan. You will not be required to participate in the *CampMeds* program if your insurance will not pay for medicine dispensed by our pharmacy. It is *CampMeds* responsibility to verify the pharmacy is a provider for your insurance plan. You will be responsible for co-pays, deductibles, written prescriptions and any over-the-counter requests not covered by insurance. If you have an insurance change, please fax the updated insurance card to *CampMeds* in order to avoid the credit card charges for the full cost of medication. All credit card charges from the pharmacy will appear as a separate charge **after** your child returns from camp.

6. Will my co-pay be the same from the *CampMeds* pharmacy?

Our pharmacy partner will confirm that they are a participating provider for your insurance plan once you have registered at www.campmeds.com. This will ensure that your co-pays should be the same as you pay at your local pharmacy, but there are some insurance plans that do charge a higher co-pay depending on which pharmacy fills the meds. Be sure to contact your plan to confirm your co-pays via the *CampMeds* Pharmacy. You will be notified if we are NOT a provider for your plan. Since we will NOT submit to your insurance until your child arrives at camp (a courtesy that enables refills prior to camp if needed), there is no way for the pharmacy to determine in advance if the medication your child will be prescribed and/or the dose that is prescribed, will be covered by your insurance, or if a prior authorization from the physician will be required for a particular medication prescribed. **It is your responsibility to contact your insurance to confirm all medication and dosages will be covered.** Please keep in mind that insurance plans change frequently, so it is a good idea to contact your prescription processor prior to mailing your child's prescriptions to *CampMeds*.

7. What if I use a mail order pharmacy or have a 90-day prescription plan?

Usually our pharmacy can only dispense a 30-day supply of meds. You will be responsible for a 30 day co-pay determined by your insurance plan. After registering with *CampMeds*, **we ask that you contact your member services to confirm the following:**

- Your RX plan is NOT mandatory mail order for the meds we will dispense
- Your Rx plan does not have any limitation on how many times you are allowed to fill outside your mail order plan
- What your 30 day co-pays will be for the meds
- We ask that you request a Vacation Override from your insurance company so our pharmacy can get paid when they submit to your insurance on the day camp begins. The camp start date will be the submitted fill date
- You will then need to ask your physician to write a 30 day prescription to send to us. (with refill if applicable)
- You will need to avoid refilling the med within 60 days of the camp start date, or you can request only the number of days needed until the start date of camp since that will be the date we will submit to your insurance. This will enable the pharmacy to process the medication thru your insurance when camp begins
- If your plan does not allow you to get 30 day prescription filled with our pharmacy, please email *CampMeds*

8. Can you accept an Electronic Prescription directly from the physician? YES. You will need to provide the physician with the Pharmacy Name that is listed on all of your automated emails and the *CampMeds* receipt that you print at the end of registration. All other paperwork (registration receipt and Med List Form) should be forwarded directly to *CampMeds*

9. What if my child's medication needs to be refilled while at camp?

Medication prescribed for "daily" use is automatically refilled by our pharmacy and sent to camp for campers attending over 30 days. Prescriptions must be written with refills. (Except for Controlled Substances which require two separate 30 day Rx's) **PLEASE NOTE:** Refills will be billed 30 days after the initial billing. Do NOT refill your child's medicine while at camp. This will cause your insurance to reject our pharmacy claim submitted for your child's medication, and you will be charged full price for meds dispensed. Once your camper finishes any unused meds brought home from camp, along with any meds left at home prior to camp, you may then refill your child's medication. You will fall right back in to your refill cycle!

10. How are "as needed" medicines packaged?

CampMeds will pre-package "as needed" (PRN) medicine separately from daily meds. Your child will go to the nurse for these medications when he/she needs them and they will be refilled only if necessary. The camp nurse will contact **CampMeds** if a PRN med needs to be refilled. Unused meds will be sent home at the end of camp.

11. What if I need to fill a prescription for my child before camp starts?

You may refill your child's medication anytime before camp, if necessary. The pharmacy will not bill your insurance until camp begins, but, in order to help ensure that medications for camp will be covered by your plan, please request only the amount of medication needed at home before camp begins. The other option is to have your insurance put in an "override" for the CampMeds pharmacy for the start date of camp which is when the claim will be submitted to your insurance.

12. I can only refill my child's medicine when he is down to his last pill. How can the pharmacy send the meds to camp before a refill is due?

The pharmacy will dispense the meds and send to camp prior to your child's arrival, but will not submit to your insurance until the day your child begins camp. If necessary, the pharmacy will resubmit the claim form on the appropriate date for reimbursement if a vacation override is not given for the camp start date.

13. Why don't you dispense meds for the exact days of camp, rather than in 30 day increments?

Most insurance plans only reimburse for 30 days of meds/month, and you the insured, pay a co-pay for each 30 day supply. When the Rx is written for less than a 30 day supply, your co-pay will cost the same as a 30 day supply. Refills should also be for the full 30 day supply, as unused meds are sent home from camp.

14. Will non-prescriptions cost the same as I pay at my pharmacy?

The pharmacy is competitive in pricing but there is no way to know if you will pay a few dollars more or less.

15. Can a half of a pill be packaged? YES

16. My child takes a different dose of the same pill every other day. Can it be packaged that way? YES

17. Will the pharmacy dispense generic or brand?

Unless the prescription is written with the words "Brand Name Necessary," the pharmacy will dispense generic. It is your responsibility to confirm the prescription is written correctly.

18. What if my child takes a "Controlled Substance" such as Concerta or Adderall?

An original prescription is required. For campers staying more than 30 days, an additional prescription for a 30 day supply of meds is required. It is against the law for a "controlled substance" to be refilled. Please send a separate prescription for every 30 day supply. All prescriptions for the child's camp stay should be received by *CampMeds* at the same time. You may explain that we can accept two separate 30 day prescriptions written for the same date, but they will only be dispensed one month at a time. The physician may also write both prescriptions each with a different date. Please visit our website at www.campmeds.com for a detailed letter you may give your physician on controlled substance prescriptions to be dispensed by the *CampMeds* pharmacy.

19. What if my child is placed on a prescription or non-prescription daily medication *after* the deadline date to register and submit prescriptions has passed?

***CampMeds* will always accommodate all campers at anytime. You may be asked to send your child with a small supply of meds as back up and the \$25 late fee will apply.**

20. What if my child requires a new medication while at camp?

Our pharmacy will always send out any additional medication and/or dose change. You will be charged the shipping cost for any med change or if additional meds are ordered and sent to camp after your initial medication and/or refills have been sent

21. When will the pharmacy charge me for my camper's medications?

Since our pharmacy partner will not submit to your insurance until camp begins, you may not receive a charge on your credit card until two months after your camper returns home. Please notify us of any credit card changes during the summer.

