

WARNING.... WARNING.... WARNING.... WARNING....

CRUCIAL INFORMATION

EVERY CAMPER, (EITHER NEW OR RETURNING) MUST SUBMIT TO US BOTH A 2017 MEDICAL HISTORY FORM AND A 2017 DOCTORS STANDING ORDER FORM, BEFORE THE START DATE FOR YOUR CHILD'S SESSION.

WITHOUT BOTH FORMS BEING FULLY COMPLETED, (SIGNED BY BOTH DOCTOR AND PARENT/S), YOUR CHILD WILL NOT BE ABLE TO RECEIVE ANY MEDICATIONS OF ANY KIND AT CAMP, PRESCRIPTION OR OVER THE COUNTER. PLUS IT WILL HINDER OUR ABILITY TO OFFER YOUR CHILD THE VERY BEST HEALTH CARE.

WARNING.... WARNING.... WARNING.... WARNING....

Health History and Examination Form for Children, Youth and Adults Attending Camps

FM 08N

Suggested for resident camp use.

Developed and approved by
American Camping Association®
American Academy of Pediatrics
Expires 10/01/05

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Health history (first three pages) must be filled out by parents/guardians of minors or by adults themselves.

Dates of Camp Attendance _____

Mail this form to the address below by _____ (date)

Update required annually. Health exam (back page) must be completed by approved licensed medical personnel at least every two years.

Year

Name _____ Birth date _____ Age at camp _____
Last First Middle

Home address _____
Street Address City State Zip

Social security number of participant _____ Gender: Male Female

Custodial parent/guardian _____ Phone _____

Home address (if different from above) _____
Street Address City State Zip

Business address _____ Phone _____
Street Address City State Zip

Second parent or guardian or emergency contact _____

Address _____ Phone _____
Street Address City State Zip

Business address _____ Phone _____

If not available in an emergency, notify _____

Relationship _____ Phone _____

Address _____
Street Address City State Zip

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

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

► Photocopy of front and back of health insurance card must be attached to this form.

Important — These boxes must be complete for attendance*

This health history is correct and complete as far as I know. The person herein named 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 necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for 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 herein named 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. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, 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 above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staffer _____

Printed Name _____ Date _____

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

Signature of minor or adult camper/staffer _____ Date _____

*If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Cabin or Group

Name

Health History

The following information must be filled in by the parent/guardian, or adult camper or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the

completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

ALLERGIES List all known. Describe reaction and management of the reaction.

Medication allergies (list)

_____	_____
_____	_____
_____	_____
_____	_____

Food allergies (list)

_____	_____
_____	_____
_____	_____

Other allergies (list) — include insect stings, hay fever, asthma, animal dander, etc.

_____	_____
_____	_____
_____	_____

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/

bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis.

This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer: _____

RESTRICTIONS

The following restrictions apply to this individual.

Dietary

Does not eat red meat

Does not eat pork

Does not eat eggs

Does not eat poultry

Does not eat seafood

Does not eat dairy products

Other (describe) _____

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

General Questions (Explain "yes" answers below.)

Has/does the participant:	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had problems with joints (e.g., knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?.....	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance being brought to camp?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems (e.g., itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?.....	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?.....	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?.....	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?.....	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts or protective eye wear?.....	<input type="checkbox"/>	<input type="checkbox"/>	24. Have problems with sleepwalking?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?.....	<input type="checkbox"/>	<input type="checkbox"/>	25. If female, have an abnormal menstrual history?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have a history of bed-wetting?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had emotional difficulties for which professional help was sought?.....	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>			
14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>			
15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>			
16. Ever had back problems?.....	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain any "yes" answers, noting the number of the questions.

Which of the following has the participant had?	Please give all dates of immunization for:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
<input type="checkbox"/> Measles	Vaccine: DTP	Dates:	_____	_____	_____	_____	_____	_____
<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: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Varicella (chicken pox)		_____	_____	_____	_____	_____	_____

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

Name of family physician _____ Phone _____

Address _____

Name of family dentist/orthodontist _____ Phone _____

Address _____

Health Care Recommendations by Licensed Medical Personnel

I examined this individual on _____. (ACA accreditation requirements specify exams within 24 months of camp attendance. Individual camps may require annual exams. A new exam is not necessarily required for camp attendance.)

BP _____ Weight _____ Height _____

In my opinion, the above applicant is is not able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions

Recommendations and Restrictions at Camp

Treatment to be continued at camp _____

Medications to be administered at camp (name, dosage, frequency) _____

Any medically-prescribed meal plan or dietary restrictions _____

Known allergies _____

Description of any limitation or restriction on camp activities _____

Additional information for health care staff at the camp _____

Signature of Licensed Medical Personnel

Printed _____ Title _____

Address _____

Phone _____ Date _____

For camp use only

Screening Record

Date screened _____ Time _____ am
pm

Meds received _____

Updates/additions to health history noted Yes No None required

Current health needs identified _____

Observational notes _____

Screened by _____

2017 INDIVIDUAL DOCTOR'S STANDING ORDERS FOR LONG LAKE CAMP

Return to Long Lake Camp

CAMPER'S NAME...../SESSION.....

DOCTORS and PARENTS: PLEASE SIGN OR STAMP BELOW IF YOU ARE OK WITH EVERYTHING.

Below are the over the counter medications we hold in our infirmary that can be dispensed by our registered nurses if **BOTH** the campers **DOCTOR** and **PARENT/S** sign this form. The medications shall be administered by registered nurses per these standing orders and the dosage/ usage information as on the medication's instructions. The nurses will check this form first to make sure the camper has specific authorization to be giving the medication and will ask the camper if they are allergic to the medication.

****** Long Lake Camp must have a copy of the front and back of every camper's medical insurance card.******

IMPORTANT: NO MEDICATIONS WILL BE ADMINISTERED WITHOUT THIS FORM.

	CONDITION	OTC MEDICINE	PLEASE WRITE YES OR NO TO THE FOLLOWING OTC MEDICATIONS	
			PARENT	DOCTOR
S Y S T E M I C	ALLERGIES	BENADRYL		
	RUNNY NOSE	AIRBORNE		
	STUFFY NOSE	SUDAFED		
	SORE THROAT	HALLS,SUCRETS, CHLORASEPTIC		
	COUGH	MUSINEX /ROBITUSSIN		
	FEVER/PAIN	TYLENOL		
	MENSTRUAL PAIN	ADVIL OR MIDOL		
	HEARTBURN/INDEGSTION	TUMS OR PEPTO BISMOL		
	CONSTIPATION	MILK OF MAGNESIA		
	HEADACHE	IBRUPROPHEN		
	ALLERGY RELIEF	CLARINEX FOR CHILDREN 12+		
	VITAMINS	AS SUPPLIED BY PARENTS		
	DIARRHEA	IMODIUM AD		
TAKEN WITH ANTIBIOTICS	ACCIDOPHILUS			

T O P I C A L	COLD SORES	ABREVA		
	MOUTH SORES	ORAJEL		
	MINOR WOUNDS	HYDROGEN PEROXIDE, BETADINE, BACITRACIN, TRIPLE ANTIBIOTIC,BACTINE, SALINE		
	ITCHY SKIN IRRITATION	CALAMINE LOTION, HYDROCORTISONE OINTMENT, BENADRYL CREAM		
	ATHLETE'S FOOT	LAMISIL AT		
	SUNBURN/BUG BITES	SOLARCAINE, ALOE VERA,BUG SPRAY		
	MOTION SICKNESS	DRAMAMINE		
	SUN BLOCK	ANY OTC FACTOR 15 HIGHER		
	EYE IRRITATION	EYE WASH		

****MUST BE COMPLETED BY PARENT & MD** DR'S STAMP BELOW**

OK WITH ME _____ <div style="text-align: center; margin-left: 100px;"> (PARENT'S SIGNATURE) (date) </div>	_____ (Doctor name and Title Printed) (date)
OK WITH ME _____ <div style="text-align: center; margin-left: 100px;"> (Doctor's Signature) </div>	_____ Address _____ City, State Zip _____ (_____) _____ (Telephone Number)
_____ in _____ License/ Certificate number State	_____ (Telephone Number)
longlakecamp.com FAX 914-693-7684 before 6/15/17 or 518-624-6003 after 6/15/17 PHONE. 914 693 7111	

Long Lake Camp. 914 693 7111, fax. 914 693 7684

2017 LONG LAKE CAMP MEDICAL CENTER PATIENT INFORMATION FORM

Please return to Long Lake Camp as soon as possible.

Please sign the Assignment of Benefits and Release of Information below. This allows us to submit a claim for your child. **Enclose a copy (front and back) of your insurance card** and any pertinent insurance information we would need. Also send any claim form you feel are necessary for your situation.

CAMPER SESSION _____
CAMPER (FIRST) _____ (LAST) _____
CAMPER'S DATE OF BIRTH _____ (SEX) _____
PARENTS (FIRST) _____ (LAST) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
INSURANCE CARRIER _____
SUBSCRIBER'S NAME _____
SUBSCRIBER'S DATE OF BIRTH _____ SS# _____
INSURANCE ID# _____ GROUP # _____
ADDRESS FOR CLAIMS TO BE SENT _____

ASSIGNMENT OF BENEFITS

I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO THE UNDERSIGNED PHYSICIAN OR SUPPLIER FOR SERVICES DESCRIBED BELOW.

SIGNATURE _____ DATE _____

RELEASE OF INFORMATION

I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THIS CLAIM. I ALSO REQUEST PAYMENT OF GOVERNMENT BENEFITS TO THE PARTY THAT ACCEPTS ASSIGNMENTS BELOW.

SIGNATURE _____ DATE _____

PLEASE BE AWARE THAT YOU ARE RESPONSIBLE FOR ANY DEDUCTIBLE, NON-COVERED CHARGES OR MEDICINES.

PLEASE INCLUDE PHOTO COPY FRONT AND BACK OF YOUR INSURANCE ID CARD

2017 Meningococcal Meningitis information and form.

I am writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis, and a law in New York State. On July 22, 2003, the New York State Public Health Law (NYS PHL) was amended to include #2167 requiring overnight children's camps to distribute information about meningococcal disease and the vaccination to the parents or guardians of all campers who attend camp for 7 or more nights. This law became effective on August 15, 2003.

Long Lake Camp is required to maintain a record of the following for each camper.

- A response to receipt of meningococcal meningitis disease and vaccine information signed by the camper's parent or guardian: AND
- Information on the availability and the cost of meningococcal meningitis vaccine (MENACTRA TM): AND EITHER
- A record meningococcal meningitis immunization within the past 10 years: OR
- An acknowledgment of meningococcal meningitis disease risk and refusal of meningococcal meningitis immunization signed by the camper's parent or guardian

Meningitis is rare. However, when it strikes, its flu-like symptoms make a diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and the 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 to 24 years of age have more than doubled since 1991. The disease strikes about 3000 Americans each year and claims about 300 lives.

A new vaccine is available called Menactra (replacing Menomune) which is 85% to 100% effective at preventing the four types of the bacteria that cause meningitis in the United States— types A, C, Y and W-135. These types 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 local health care provider and by visiting the manufacturer's website at www.meningitisvaccine.com Long Lake camp does not offer a meningitis vaccine service.

I encourage you to carefully review the enclosed materials. **Please complete the Meningococcal Vaccination Response for and return it to Long Lake Camp, 199 Washington Avenue, Dobbs Ferry, NY 10522 before June 16th please. We need this form before your camper arrives for camp. If for any reason you are sending the form after June 16th please post to our summer address, Long Lake Camp, P.O. Box 248, Long Lake, NY 12847.** Thank you.

To learn more about meningitis and the vaccination please contact your child's physician. You can also find information about the disease at the New York State Department of Health website, www.health.state.ny.us, and the website of the center for disease control and prevention (CDC): www.cdc.gov/ncidod/dbmb/diseaseinfo.

Sincerely,
Long Lake Camp for the Arts

PLEASE FILL OUT THE FORM ON REVERSE AND RETURN BEFORE APRIL 1ST.

Long Lake Camp
199 Washington Avenue, Dobbs Ferry NY 10522
TEL. (914)693-7111 FAX (914)693-7684

****NO CAMPERS CAN BE ADMITTED WITHOUT THIS FORM ****

2017 MENINGITIS IMMUNIZATION FORM

Please fax or mail to Long Lake Camp by April 1st

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 nights.

Check one box and sign below please:

My child has had the Meningococcal Meningitis immunization within the past 10 years.

Date received Vaccination: _____

Note: Previous vaccines to Menactra offered protection lasting for approximately 3 to 5 years. Revaccination should be considered within 3-5 years. Revaccination should be with the new conjugate vaccine called Menactra.

OR

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

Signed: _____ **Date:** _____

Camper's Name: _____ **Date of Birth:** _____

Mailing Address: _____

Parent/Guardian's E-mail (optional): _____

Please see other side for information about Meningitis

Dear Camp Parents,

This summer, Long Lake Camp will continue to work with **CampMeds Inc.**, a pre-packaged medication program, to dispense ALL of your camper’s medicine for camp. Camp families are required to register with CampMeds if your child takes medicine while at camp. All pills will be dispensed and individually packaged in sealed packets labeled with your child’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 medication will be shipped to camp prior to your child’s arrival.

The **CampMeds** affiliated pharmacy will dispense all prescription and non-prescription meds taken daily or as needed. This includes all pills, liquids, inhalers, drops, creams and vitamins.

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: 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**
- **Fee for campers attending over 30 days of camp is \$60 including shipping**
- **NON-PILL MEDS ONLY** (liquids, inhalers etc) a one- time \$30 per camper will be charged instead of above packaging fee.

Deadlines: ALL ITEMS ABOVE MUST BE RECEIVED 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 and meds not covered by your insurance. * If the pharmacy is not a provider for your insurance, we will notify you to arrange alternative plans. All of your 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.**

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 10 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 dispensed by *CampMeds* and sent to camp prior to their arrival.

CampMeds will fill:

- **Prescription medication in pill form (daily and "as needed")**
- **Prescription medication in liquid form(daily and "as needed")**
- **Prescription nose sprays, eye/ear drops, inhalers and creams/ointments**
- **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, growth hormone, insulin, injections, birth control pills 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.*

***CampMeds* FREQUENTLY ASKED QUESTIONS**

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

- All prescription and non-prescription meds and vitamins (taken daily and "as needed")
Except the following: Accutane, insulin, growth hormone injections, 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 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 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. 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!

9. 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.

10. 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.

11. 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.

12. 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 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.

13. 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.

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

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

16. 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.

17. 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.

18. 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.

19. 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

20. 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.