



2015 Camp Barney Medintz Prescription Order Form

Camper Name _____ Date of Birth _____
(1 form per camper, Please Print)

Home Address _____

Allergies _____

Drug Allergies _____

Circle
Session Attending:

1st Session (June 7 – July 2)
Kochavim A (June 7 – June 18)
Kochavim B (June 21 – July 2)
CBM Live! (June 21 – July 2)

2nd Session (July 5 – July 30)
Kochavim C (July 5 – July 16)
Kochavim D (July 19 – July 30)

Submit form by 5/15/14

Submit form by 6/12/14

Check all that apply:

I am sending _____ # of prescription medications to be filled.

I am ordering the following over the counter meds which my child takes on a daily basis.

Drug Name/Strength	Dosage	Dosage Times

Prescription Insurance Company _____ Policy # _____

Primary Insured's Name _____

A credit card is needed for Lacey Drug Company to charge your co-pay as well as the medication packaging fee of \$7 per bingo card. Package fees do not apply to inhalers or liquid medications. Please provide the following information:

Credit Card Holder _____

Visa MC Discover *circle one* Expiration Date _____ Security Code _____

Card Number _____

Co-pay and packaging charges will be posted to your account. You will be contacted by Lacey if there are additional charges from your insurance company prior to those charges being posted to your card.

Parent Phone # _____ Parent Cell # _____

Parent E-Mail _____

Please submit this form with the following:

1. A photocopy of your child's insurance/prescription coverage card - Front and Back
2. An original prescription for each medication filled out by your child's physician
3. A list of any over-the-counter medications you would like to have packaged and dosing instructions

PLEASE NOTE: In this era of heightened concern about abuse of prescription drugs, regulatory agencies require us to have the ORIGINAL copy of any controlled substance prescription (i.e. A.D.H.D. medication) in our possession prior to providing the medication.

You may **fax** the information to Lacey's LTC Pharmacy at 678-236-0404

OR

Mail to: Lacey's LTC Pharmacy
4469 Lemon Street
Acworth, GA 30101

OR

Drop off prescription at one of the following Lacey locations:

Lacey Drug Company
4797 S. Main Street
Acworth, GA 30101
Mon-Sat 8am – 7pm
Sun 2pm – 6pm

Lacey's Marietta Pharmacy
790 Church Street Ext. Suite 170
Marietta, GA 30060
Mon – Fri 8am – 6pm
Sat 9am - noon

Lacey's LTC Pharmacy
4469 Lemon Street
Acworth, GA 30101
Mon – Fri 9am – 5pm

See www.laceydrug.com for directions

On behalf of all of us at Lacey Drug Company, we wish each Camp Barney family a happy camping season in 2015! Please do not hesitate to contact us with any concerns or questions about your child's medications or our services at **678-236-0400**.