

**Dear Parents of campers taking medications at camp,**

**Please read carefully as very important information is enclosed.**

As always, your camper's health and safety is of the utmost importance to us and safe medication administration is our highest priority. **For 2020, we have contracted with Arnold Drug Co.** Arnold is a local pharmacy that has provided excellent customer services to other camps in our area. The benefits of working with a local company enable us to have the medications hand delivered and review them prior to the campers arrival.

If your child will be taking medication while they are at Camp, you will find the **Prescription Order Form** in your camper(s)' forms dashboard. Please note—there is no online registration. Simply follow the instructions under Ordering from Arnold Drug Co.

As always, the pharmacy will deal with your insurance company once the prescriptions are received and notify you if any complications arise. They will prepare the medications in daily dose packs ready for our safe administration. This includes controlled substances as well as over the counter medications.

**Please take note of the important dates:**

1<sup>st</sup> session prescriptions need to be in by MAY 14. This includes KOCHAVIM and PRE-TEEN A and B.

2<sup>nd</sup> session prescriptions need to be in by JUNE 15. This includes KOCHAVIM C and D.

Please remember, the ONLY medications that we will receive at the busses are EMERGENCY medications, inhalers and injectables. NO medications, not even gummies, vitamins or over the counter, are allowed to be kept with campers or in cabins. This is for the safety of your children and those around them. If you have any questions or concerns, feel free to email us at: [marcushealthcenter@atlantajcc.org](mailto:marcushealthcenter@atlantajcc.org).

We look forward to seeing all our campers again soon.

Regards,

Belinda Assin & MarE Francis  
Marcus Health Center

# Arnold Drug/Camp Barney Medintz Prescription Order Form

(Please fill out thoroughly)

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

## Session attending (please circle one)

1<sup>st</sup> Session **June 7-July 2**

2<sup>nd</sup> Session **July 6-July 31**

Kochavim/Pre-Teen A **June 7-June 18**

Kochavim C **July 6-July 17**

Kochavim/Pre-Teen B **June 21-July 2**

Kochavim D **July 20-July 3**

My Child takes the following prescriptions (include amount in mg, etc. if you can):

	Breakfast - Dinner - Nighttime
	Breakfast - Dinner - Nighttime
	Breakfast - Dinner - Nighttime
	Breakfast - Dinner - Nighttime
	Breakfast - Dinner - Nighttime
	Breakfast - Dinner - Nighttime

My child may take the generic form: YES

NO

**\*\*Please note, ALL over the counter medications you want packaged for your child MUST be accompanied by a prescription from his or her doctor. No exceptions.**

**\*\*If you wish your child to use a SPECIFIC over the counter medication, the medication may be mailed to the pharmacy. A prescription is still required to have it included.**

My Child is allergic to the following drugs: \_\_\_\_\_

Primary Insured's Name \_\_\_\_\_

Primary Insured's Address \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy# \_\_\_\_\_

**A credit card number is needed by Arnold Drug Co. to charge for your co-pay and the \$25 per camper packaging fee. Please provide the following information below:**

Credit Card Holder \_\_\_\_\_

Card Type \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV# \_\_\_\_\_

Zip Code \_\_\_\_\_

I hereby authorize Arnold Drug Company to charge the above credit card for my insurance co-pay (or the price for the medication if my insurance plan does not accept the submission by Arnold Drug Company) and a \$25 fee for packaging our prescription order.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent email (to notify you that Arnold's received this form) \_\_\_\_\_

You should receive confirmation of your order within three business days of faxing this form.

Please submit this form with:

- A photocopy of both the front and back of your child's insurance medication card
- Original prescription filled out by your child's doctor.
  
- BY: May 14 for all 1<sup>st</sup> Session campers (this includes Kochavim and Pre-Teen A and B) and June 15 for all 2<sup>nd</sup> Session campers (this includes Kochavim C and D).
  
- TO: Arnold Drug Co., Attn: Jordan Loggins, 639 Irvin St., Cornelia, GA 30531, or FAX: (706) 776-2502

**(Please note that if your child takes a Schedule 2 Narcotic, the original prescription must be mailed or e-prescribed, NOT FAXED)**