



Dear Parents:

In our ongoing commitment to ensure the safety of campers and staff who will be taking medications, vitamins, or supplements daily while at camp, Remedies Pharmacy will be providing medications and vitamins in prepackaged form for the upcoming summer. This is for all medications or vitamins in pill form, whether it is prescription or over the counter medication. This does not refer to liquid medication, inhalers, growth hormone shots, creams or ointments.

PARTICIPATION IS MANDATORY FOR ALL CAMPERS AND STAFF MEMBERS UNDER THE AGE OF 18, WHO TAKE MEDICATIONS, VITAMINS, OR SUPPLEMENTS ON A DAILY BASIS.

- All orders for medication must be placed directly through Remedies Pharmacy. Please write on the prescription 'Camp Romimu', along with the camper's/staff member's name.
- The only cost is the cost of your medication or copay. There is no service fee.
- The form and doctor prescriptions must be submitted by June 1st for first trip and July 21st for second trip.
- This program is mandatory. Campers who do not have their medications, vitamins, or supplements packaged by Remedies Pharmacy will be subject to a \$50 fee to repackage their medications.
- If you are unable to fill your prescription through Remedies Pharmacy, please pre-package your son's medication in individual pill envelopes or pill ziplocks. Each envelope or pill bag must be labeled with your son's name, medication and time of administration (Breakfast, Lunch, Supper or Nighttime).
- If the refill date of your son's medication is not until after the start of camp, please send the medication from home plus 2 extra days of medication, prepackaged in individual doses. Remedies will then deliver the medication when the refill date is reached.
- Remedies Pharmacy accepts NYS Medicaid, and all major insurances.
- If your child takes a medication that requires a new prescription every time it is filled, please have your doctor postdate prescriptions or leave date field blank when you submit them. For electronic prescriptions please have your doctor change the effective date on the prescription to June 23, 2022, for first trip campers and July 21, 2022 for second trip campers.

Remedies Pharmacy

711 Bedford Avenue

Brooklyn, NY 11206

karinapharmmed@gmail.com

Tel: 718-855-0214 Fax 718-855-0358

Romimu Camper/Staff Member: Last Name			First Name	Date of Birth
Address: Street	City	State	Zip	Parent E-mail Address
Parent/Guardian Last Name		First Name	Home Phone	Summer Contact Number
<u>July / August / Full Summer</u>				
Cell Number	Trip attending Camp Romimu (please circle)			Allergies

Insurance Card

Front of Card

(If you have more than one insurance, please include copies of all cards)

Insurance Card

Back of Card

(If you have more than one insurance, please include copies of all cards)

<u>Name of Medication</u>	<u>Strength</u>	<u>Quantity/Time of Day: (Please circle and fill in)</u>
		wake-up breakfast lunch dinner bedtime other: ____ # of tabs: ____ / ____ / ____ / ____ / ____ / ____
		wake-up breakfast lunch dinner bedtime other: ____ # of tabs: ____ / ____ / ____ / ____ / ____ / ____
		wake-up breakfast lunch dinner bedtime other: ____ # of tabs: ____ / ____ / ____ / ____ / ____ / ____
		wake-up breakfast lunch dinner bedtime other: ____ # of tabs: ____ / ____ / ____ / ____ / ____ / ____
		wake-up breakfast lunch dinner bedtime other: ____ # of tabs: ____ / ____ / ____ / ____ / ____ / ____

(if there are more medication than lines provided please attach a second page)

PAYMENT: VISA AMERICAN EXPRESS OR MASTERCARD:

I hereby authorize Remedies Pharmacy to charge my credit card all co-payments associated with the medication that I order. I agree to pay for any items that are not covered by my insurance plan.

Card Holder Name/Signature	Card Number	Expiration Date / CVV Code
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**Please Mail, Fax, or Email forms to the address listed above.
Please attach all prescriptions not submitted by your doctor**