

Dear Camper or Camp Parent,

In our ongoing commitment to ensure the safety of our campers who take any medications while at camp, we are delighted to work with a local independent pharmacy, Rutland Pharmacy.

Rutland Pharmacy will package your child's medications in their DisPill multi-dose packaging. The DisPill package is labeled with your child's name, medication, medication description, date and time of day to administer.



The DisPill package will contain a month supply of medication. Extra medications will be sent home with your camper.

Please complete your registration information accurately to avoid any errors.

Please complete all information as soon as possible and email or fax back to Rutland Pharmacy.

Listed below is all the information needed to register with Rutland Pharmacy.

1. Registration Form for Rutland Pharmacy.
2. Photocopy of Camper Health History Form 1— located on Camp website.
3. Instructions for your physician on how to send prescriptions to Rutland Pharmacy.
4. Instructions for your physician to authorize any over the counter (OTC) medications to be packaged by Rutland Pharmacy.
5. Information about fees, prescription insurance and late fees.

Please note that your child's camp asks that you use Rutland Pharmacy for prescription medications. It is not mandatory to use Rutland Pharmacy for: over the counter medications, vitamins, EpiPens, or as needed medication.

DisPill, is a multi-dose calendar packaging which over the counter medications, supplements and daily vitamins can be easily included.

Rutland Pharmacy welcomes your camper to an amazing summer in Vermont!



**MAIL ADDRESS: 75 Allen Street, Rutland, Vermont 05701 ATTN: CAMP
FAX: (802) 773-2489 EMAIL: kdaley@smilinstevepharmacies.com
QUESTIONS: (802) 775-2545 Kelley Daley, Camp Coordinator
Please identify on all correspondence: ATTN: CAMP**

Rutland Pharmacy Camper Registration Form

Print Camper Name: _____ **Date of Birth:** _____
Camp Attending: _____ **Location of Camp:** _____
Session(s) Attending:
Start Date: _____ **End Date:** _____
Start Date: _____ **End Date:** _____

Below is all the information needed to register with Rutland Pharmacy:

**You may Fax, Scan and Email or send directly to the pharmacy.
THE DUE DATE OF THIS REGISTRATION IS ONE MONTH PRIOR TO CAMP SESSION START DATE.
Earlier is better in the event information needs to be verified.**

Pharmacy Registration Form (this form).

- **Readable quality photocopy of your insurance card, front and back.**
- **Photocopy of CAMPER HEALTH HISTORY FORM 1, located on camp website.**
- **From your camper's physician all prescriptions and over-the-counter, if applicable, as outlined in Parent/Physician Letter included in this packet.**
- **Your campers current (at home) pharmacy contact information.**

Pharmacy Name: _____
Address: _____
Telephone: _____

Credit Card Authorization

Rutland Pharmacy requires a credit / debit card to be used for all fees as stated. I authorize Rutland Pharmacy to charge my credit / debit card for all fees discussed herein.

Credit Card # _____
Name as it appears on card _____
Expiration Date: _____ **CVC Code:** _____
Billing Address _____

Printed Name of responsible party _____
Signature _____ **Date** _____



Please call Rutland Pharmacy directly for any assistance.
Call: (802) 775-2545 Kelley Daley, Camp Coordinator
Email: kdaley@smilinstevepharmacies.com ATTN: CAMP

PRESCRIPTION INSURANCE, FEES, AND OTHER PAYMENTS

PRESCRIPTION INSURANCE

- We accept most prescription insurance plans and co-payments should be similar to those at your local pharmacy.
- We do accept FSA/HAS cards.
- Once we receive your registration, we will verify coverage and notify you if we have any issues.
- We do accept Vermont Medicaid plans. If you are outside of these areas, pharmacy will provide reasonable cash pricing.
- We will make every effort to bill your insurance. In the event that prescriptions are not covered, you are responsible for any out of pocket cost which will be charged to your credit card.
- Although prescriptions usually cannot be filled until the monthly refill date, we will dispense the medication so it arrives on time to camp.
- Please understand that you cannot refill your child's medication while your child is away as this will cause your insurance to reject Rutland Pharmacy insurance claim.
- If we cannot bill the insurance before delivering the medication, we will continue to try to bill your insurance for a maximum of 30 days after which we will charge your credit card the full retail price of the medication dispensed.

FEES

Registration Fee

- \$40.00 flat fee 1 month supply of medication will be charged to your credit card.
- \$50.00 flat fee 2 month supply of medication will be charged to your credit card.
- Late fee: \$25.00 will be charged to credit card on file if Rutland Pharmacy does not receive registration or prescriptions at least 30 days prior to the start of your camper's session.
- Free delivery of medication to Camp may be available. Mail packaging to camp \$6.00.

OTHER PAYMENTS

Medication Cost

- The registration fee does not include the cost of any medication. Any medication not covered by insurance, including co-payments and the cost of over-the-counter medications will be charged to your credit card.
- Please note, that in the event that we cannot obtain a particular brand of supplement and parent sends them to us in the original, unopened container, we will charge a \$10.00 repackaging fee per supplement.



Dear Parents and Physicians,

Rutland Pharmacy is the trusted pharmacy to provide medication packaging for summer camp. Here is all the information you need to send us prescriptions and authorizations forms for all over-the-counter (OTC) medications.

Prescriptions can be sent by: E-Prescribe, Fax, or by prescribers calling in to our pharmacist:

Phone: (802) 775-2545

Phone: (800) 585-2545

Fax: (802) 773-2489

Address: 75 Allen Street, Rutland, Vermont 05701 ATTN: CAMP

NCPDP # 4702141

Please specify Hour of Administration, breakfast, lunch, dinner, and bedtime so that we can package them correctly. "As Needed" medications are packaged separately.

Prescription Medications

- Generics will be dispensed unless brands are specifically requested as "Do Not Substitute". If brands are not covered by insurance, it will be up to the parents to decide if they wish to pay out of pocket.
- Prescriptions must be written for 30-days with refills to cover the entire summer. The date on the Rx must be at least 2 weeks before camp start date.
- We can package 1/2 pills.
- We provide all prescription medications, Epi Pens, certain diabetic supplies, birth control, inhalers, oral solutions, eye drops, creams, ointments, and compounded medications.

Controlled Substance Prescriptions

- Must be sent by either E-Prescribe or by mailing the original script to us. E Prescriptions are preferred, please look us up by name, zip code or NCPDP#, as listed above.
- They must be prescribed for 30 days per script. Please send 2 scripts if camp lasts more than 30 days.
- We need to have the original script before we can dispense.
- Please make sure the physician's DEA# is on the script.

Over the Counter Medications and Supplements

- We require a doctor's note authorizing ALL over the counter medications and supplements. We have provided a form that you can fill out and fax to us.
- Generics will be dispensed unless brands are specifically requested as "Do Not Substitute".
- If there are any supplements that we cannot obtain, parents can send them to us in their original sealed containers.
- Gummy supplements cannot be packaged in DisPill packaging, please substitute for chewable supplements.



NON-PRESCRIPTION ONLY
AUTHORIZATION FORM

Over-the-Counter Medications, Vitamins, and Supplements.
DO NOT INCLUDE PRESCRIPTION MEDS ON THIS FORM

- To be completed and signed by your physician and faxed to (802) 773-2489.
- Generics OTC's will be dispensed unless you specify: "Brand Name Only".

Camper's Name:	DOB:
Camp Name:	
Physicians Name:	Phone Number:
Physician's Address:	
Drug Name, Strength, and Directions	Select Med Pass Time(s)
1.	Breakfast___ Lunch___ Dinner___ Bedtime___ PRN___
2.	Breakfast___ Lunch___ Dinner___ Bedtime___ PRN___
3.	Breakfast___ Lunch___ Dinner___ Bedtime___ PRN___
4.	Breakfast___ Lunch___ Dinner___ Bedtime___ PRN___
5.	Breakfast___ Lunch___ Dinner___ Bedtime___ PRN___
6.	Breakfast___ Lunch___ Dinner___ Bedtime___ PRN___
7.	Breakfast___ Lunch___ Dinner___ Bedtime___ PRN___
8.	Breakfast___ Lunch___ Dinner___ Bedtime___ PRN___
Physicians Signature:	Date: