

Dear Parents/Guardians:

In our ongoing commitment to ensure the safety of campers who will be taking medications, vitamins or supplements on a daily basis while at camp, we have selected J Drugs, a pharmacy who supplies pre-packaged medications, to supply medications to our campers for the upcoming summer season.

**Pre-packaged medications provide for a safe, sterile and potentially error free way to dispense medications.** This distribution method is endorsed by the American Camp Association and is used by hospitals, nursing homes, schools and camp throughout the United States.

**Our policy for dispensing medicine requires ALL campers who take medication daily to use J Drugs to package their prescription Medications, over the counter medications, vitamins, and supplements.**

**PARTICIPATION IS MANDATORY FOR ALL CAMPERS WHO TAKE MEDICATIONS, VITAMINS, OR SUPPLEMENTS ON A DAILY BASIS.**

- All orders for medication must be placed directly through J Drugs
- To order non-prescription items (Over the counter medications, vitamins, and supplements) through J Drugs a doctor's note or parents note is required.
- In addition to the cost of medication and/or your co-pay, J Drugs **Charges \$20 for packaging.**
- The deadline for this program is May 10, 2022 for full summer and first month campers. The deadline for second month campers is June 1, 2022, A late fee of \$25 per camper will be charged for all medications ordered after this deadline.
- This program is mandatory. Campers who do not arrive at camp with their medications, vitamins, or supplements packaged by J Drugs will be subject to a \$50 rush fee to fill their prescriptions through J Drugs
- J Drugs accepts NYS Medicaid, and all Major insurances
- If Your child takes a medication that requires a new prescription every time filled, please have your doctor postdate prescriptions/ leave date field blank when you submit them. For electronic prescriptions please have your doctor change the effective date on the rx to June 20, 2022 for July campers and July 20, 2022 for August campers.
- Any medication sent in to J Drugs for repackaging will be charged a \$20 packaging fee.
- If you are tapering or changing medication, please fill out the form prior to the deadline and put a note saying that you are not sure of dosage/meds to avoid incurring a late fee

Please review and complete the attached J Drugs documents immediately.

Thank You in advance for your compliance with this program.

Camp Neshar

**CAMP NESHER**  
**J DRUGS PHARMACY ORDER FORM**

1205 AVENUE J BROOKLYN NY 11230

TEL: 718-258-6686 – FAX: 718-258-1230 – EMAIL: JDRUGSCAMPS@GMAIL.COM

Camper Last Name                                  First Name                                  Date of Birth

Address: Street                                  City                                  State                                  Zip                                  Guardian E-mail Address

Parent/Guardian Last Name                                  First Name                                  Home Phone                                  Summer Contact Number

Cell Number                                  DATES OF ATTENDANCE                                  Allergies

**Insurance Card**  
**Front of Card**

PLEASE CONFIRM THAT  
ALL DATA IS LEGIBLE  
(If you have more than one insurance please include  
copies of all cards)

**Insurance Card**  
**Back of Card**

PLEASE CONFIRM THAT  
ALL DATA IS LEGIBLE  
(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:</u> ( Please circle and fill in )
		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 J Drugs 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                                  Card Number                                  Expiration Date / CVV Code

Card Holder Signature                                  Date

**Please Mail, Fax, or Email forms to the address listed above.**  
**Please attach all prescriptions not submitted by your doctor**  
**J drugs is a third party provider and is not associated with the camp**

### **How do I order through J Drugs?**

The preferred method of ordering is **Email**, however you can also fax or mail. Please use the order form provided by your Camp. If you have any questions, please J Drugs at (718) 258-6686.

### **How is my insurance billed? How am I billed for co-pays?**

Our pharmacy bills your insurance company directly as prescriptions are filled. Co-pays, deductibles, the cost of over-the-counter medications, all uncovered medications will be charged to your credit card.

### **What will my prescriptions cost me through the J Drugs program?**

No different than your local pharmacy. Insurance co-payments and/or deductibles are determined by your insurance carrier and prescription coverage.

### **How will I be charged?**

Since we are a full functioning pharmacy you will be billed directly by J Drugs

### **What is the relationship between J Drugs and our Camp?**

J Drugs is an independent pharmacy that has been chosen by Camp Neshar to provide medication services to its families. We are a third party provider and are not associated with Camp Neshar.

### **How are the medications packaged?**

Each dose of medication is blister packed in a medication strip calendar card package with a detailed label that includes your child's name, date of birth, medications enclosed, date and time to be administered, and any special instructions. Please note that only medications in pill form can be included in the dose strip. Other medications, such as inhalers, creams, and liquids, are dispensed and labeled separately and shipped to camp with your child's other medications.

### **Can J Drugs package over-the-counter (OTC) medications such as vitamins, Benadryl or Claritin?**

Yes. When you register provide us with detailed information regarding over the counter medications, including dose and time of administration. Our pharmacy will package these items with any prescription medications dosed at the same time of day.

### **What if my child is prescribed a controlled medication such as Adderall or Concerta?**

We must receive an electronic prescription (or original prescription if your Dr. does not electronically prescribe) for all controlled medications prior to shipping the medication. Prescriptions for controlled drugs will only be accepted for a thirty day supply. If your child is

attending camp for a longer period, the Doctor **MUST** supply a separate prescription for each 30 day period. (Please refer to page 1 for correct dates)

### **Can you supply vitamins and supplements?**

Yes. We offer a large assortment of vitamins and nutritional supplements. Please indicate your preferences when registering your child and we will notify you of any availability issues. If you would prefer to have these items packaged together with your child's other medications please provide us with either a prescription from the Doctor or a "Physician's Authorization" (note from Doctor on letterhead)

### **Will J Drugs dispense name brands or generics?**

Unless the physician specifies "Do Not Substitute" or "Brand Only" our pharmacy will dispense the generic. Many insurance plans will only pay for a generic. **IF YOU DO NOT WANT A GENERIC**, we ask that you notify your physician in advance and please let us know as well. For OTC medications, our pharmacy will provide generics unless you specify otherwise. In the latter case our pharmacy will attempt to provide the brand of medication you request, but may have to substitute a generic if the name brand is not available.

### **What if my child is at camp for longer than a month?**

The physician can write most prescriptions with refills. For controlled substances, however, an additional 30-day prescription will be required.

### **What happens to extra medications if my child is at camp for less than 30 days?**

Any unused medications will be sent home with your child on the last day of camp. You may use the extra medication at home or on vacation.

### **We have a ninety-day prescription plan/ mandatory mail order. Can I still use J Drugs?**

We can accommodate this situation with proper planning. Please contact us immediately so that we can plan accordingly.

### **What time are medications dispensed at camp?**

Medications are generally dispensed at meal times and at bedtime. Please make certain that your doctor indicates the time(s) each medication should be taken on the prescription so that the camp can accommodate special requests.

### **My child takes a different dose of the same medication every other day. Can it be packaged that way?**

Yes. It is critical that your Doctor provides a prescription written exactly how the medications should be given. Our pharmacists can only label a prescription according to the exact instructions of the Doctor and the camp will dispense the medication accordingly.

### **What happens if I order late?**

If your child's medications must be sent in a later shipment J Drugs will charge an expedite fee as well as shipping costs. Please note that in order to have your child's medication ready and waiting

in camp when he/she arrives it is important that you submit your order prior to the May 10<sup>th</sup> deadline for full summer and first month campers and June 1<sup>st</sup> for second session campers.

**What if my child's doctor writes a prescription for a new medication after your deadline for registering has passed?**

We will work with you to handle late medication changes. You may be required to send additional medications to camp as a back-up and additional shipping charges may be applied.

**Do you participate with my insurance?**

We are a fully functioning pharmacy and we accept all forms of insurance including NYS Medicaid.