



Dear Iroquois Springs Family:

Our medical staff and State Department of Health review each camper's medical history carefully prior to the start of camp. Please keep in mind that the more we know about your child's health history and habits, the better we can care for him or her.

Any and all information pertaining to your child's psychological development (including any counseling) is tremendously helpful as we work to ensure the best possible experience for your child. Our medical form requires it, and we ask that you be as detailed as possible. Be assured, this information is treated strictly confidentially. Please advise us of any special conditions of health, diet or personal habits that affect your youngster. It may be attached to the medical form or sent to the Director to assure confidentiality.

Here are some additional guidelines to further help us:

1. New York State makes mandatory the listing by physicians of immunization dates for diphtheria, measles, mumps, polio and rubella. *No camper is exempt from this requirement.* Anti-tetanus injections must be given where needed.
2. **All campers who are taking any form of medication (prescription or over the counter) in pill form (including Vitamins) will be REQUIRED to use the CAMP MEDS program (see information about Camp Meds in this packet). No Exceptions.**
3. Dental and orthodontic work must be completed before camp. Please send special instructions from your orthodontist, should adjustments or treatment be necessary.
4. Please send a second set of glasses with each camper that wears glasses.
5. Please note any special dietary instructions on medical form.
6. Advise camp of any contact your child has had with any contagious disease after June 10th.
7. If your child needs to spend a night in the health center, needs to go to the hospital in case of an emergency or is placed on medication by our physician you will receive a phone call from the nurse or camp director to inform you of the health condition of your child.
8. Due to the national epidemic of head lice we strongly recommend that your child's hair be shampooed with the appropriate medicated shampoo immediately before departure for camp. Kindly consult your physician for his or her recommendation. To be safe, we periodically check all campers during the summer.
9. The New York State Department of Health annually inspects all health records, grounds and facilities of Iroquois Springs. These reports are on file at the Department of Health Monticello District Office, 50 North Street Suite 2, Monticello, NY 12701.

Have you completed all your forms?

- Camper Health History (Parents to complete)**

Camper Health History Form (4 pages) - is compulsory and has to be completed by parent/guardian and returned to the office by April 15th. Forms that are not completed will be returned to parent/guardian for completion.

- Camper Health Recommendations (Doctors to complete)**

Camper Recommendation Form – needs to be completed by your family physician. If your physician as their own alternate form that gives your camper a clean bill of health, this will be acceptable provided the camper had his/her physical within the last year.

- Authorization Form**

- Credit Card Authorization for Off-Camp Medical Visit**

- Insurance Card Copy**

- Meningitis Vaccination Form**

- Camp Meds Registration (if needed)**

- Off-Site Swimming Form**

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

Mail this form to the address below by April 15, 2010:

PO Box 20126
Dix Hills, NY 11746

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____
Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____
Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs. *(Please describe below.)*

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. *(Please describe below.)*

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s):

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
 First Middle Last

Birth Date: _____
 Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (★) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis ★ (DTaP) or (TdaP)						
Tetanus booster ★ (dT) or (TdaP)						
Mumps, measles, rubella ★ (MMR)						
Polio ★ (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test Date: _____ Negative Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. ***Cross out those the camper should not be given.***

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guafenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes No
4. Had a significant life event that continues to affect the camper's life?..... Yes No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____
Name of dentist(s): _____ Phone: (_____) _____
Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.



ALLERGY ACTION PLAN - If applicable

Based on information you or your physician provided us on your child's medical form which indicated some kind of an allergic reaction to food or food products, we would appreciate you completing this form.

Name _____

ALLERGY TO: _____

ASTHMATIC (Check if also asthmatic)

ACTION FOR MINOR REACTION

1. If only symptom(s) are: _____
give _____
(Medication/dose/route)

Then Call:

2. Mother _____
Father _____
Emergency contact _____

3. Dr. _____ at _____

ACTION PLAN FOR MAJOR REACTION

1. If ingestion is suspected and/or symptom(s) are _____
_____ ,
give _____ IMMEDIATELY!
(medication/dose/route)

Then call:

1. Rescue Squad (ask for life support)

2. Mother _____
Father _____
Emergency Contact _____

3. Dr. _____ at _____

Thank you for your cooperation and partnership in helping to make a safe experience for your child.

CAMPER HEALTH-CARE RECOMMENDATIONS
by LICENSED MEDICAL PERSONNEL FORM 2

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

Mail this form to the address below by April 15, 2010:

PO Box 20126
Dix Hills, NY 11746

To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (_____) _____ (_____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. Medical personnel: Cross out those items the camper should not be given.

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimate)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within last 24 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known Allergies

To foods (list):

To medications: (list):

To the environment (insect stings, hay fever, etc.- list):

Other allergies: (list):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions:(describe below)

The camper is undergoing treatment at this time for the following conditions: (describe below) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (name, dose, frequency—describe below)

Other treatments/therapies to be continued at camp: (describe below) None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (_____) _____ Date: _____



Authorization Form

**Please return it via fax to 631-462-0779 or via "snail mail" to:
PO Box 20126, Dix Hills, NY 11746**

(Note: This form is to accompany the camper named herein on trips out of camp and/or treatment in the event of any emergency.)

Name of Camper: _____

Date of Birth: _____

Home Address: _____

Home Phone: _____

Family Physician's Name: _____

Family Physician's Address: _____

Family Physician's Phone: _____

Date of last Tetanus Booster: _____

Drug Allergies (list): _____

Is your child covered by your own hospitalization insurance? _____ if yes,

a.)Name of Insurance Company: _____

b.)Policy or group number: _____

c.)If group, name of group: _____

I authorize Mark or Laura Newfield, Directors, or their designated representative to act in my behalf in authorizing emergency medical, dental or surgical care and hospitalization for the above named minor during the period of my absence. This document will be presented to a physician, dentist or appropriate hospital representative at such time as necessary.

Mother's Signature: _____ Date _____

Father's Signature: _____ Date _____



Credit Card Authorization Form For Off-Campus Medical Visits

This form and the required insurance information to be attached, must be returned with the medical form

IMPORTANT INFORMATION REGARDING OFF-CAMPUS MEDICAL VISITS AND PRESCRIPTIONS

It is the responsibility of the campers' parents and/or guardians, either personally or through their insurance company, to pay and all fees necessitated by their child's off-campus medical treatment. This includes off-campus doctor, dentist, orthodontist, and/or hospital visits. The service provider will bill fees for those visits and related services directly to the parent(s). The parents(s), not the camp will be responsible, in the case of lack of coverage or unmet deductibles for the medical services.

In addition, prescriptions are filled by the local pharmacy and are responsibility of the campers parents and/or guardians.

Accordingly, we ask that you please provide a clear copy of your MEDICAL INSURANCE CARD (front/back) and attach it to your campers' Medical Form.

MEDICAL/PRESCRIPTIONS CREDIT CARD AUTHORIZATION FORM

I authorize and permit payment for medical and/or prescriptions medications to:

(circle one) **VISA** **MASTERCARD** **DISCOVERY** **AMEX**

CAMPER(S) NAME: _____

Cardholder's Name: _____

Card # _____ **Exp Date** ____ / ____

Credit Card Account Billing Information:

Address: _____

City/State: _____ **Zip:** _____

Telephone: _____

Signature of Cardholder: _____



Insurance Card Copy

Copy of Front of Insurance Card

Copy of Back of Insurance Card



Mark & Laura Newfield
Owners/Directors

February 2010

Dear Parent:

Over the past few years, the age recommendations for immunizing children against meningococcal disease have changed as the new vaccine has proven to be both safe and effective. The American Academy of Pediatrics and the Advisory Council on Immunization Practices now recommend vaccinating ALL children at 11 years of age, and children who have various risk factors may be vaccinated at earlier ages. Our camp health center staff does recommend that all campers be vaccinated according to the AAP's recommendations, and that parents should speak to their child's primary care provider to decide upon the timing and type of vaccine most appropriate for their family members. We encourage you to make an informed decision but to strongly consider vaccinating your child/ren against this serious bacterial infection.

(Note: Parents may want to speak with their child's health care provider about several other newer immunizations for teenagers, including HPV (Human Papilloma Vaccine) for girls, and for all teenagers, a new type of DPT booster that permits protection against pertussis (whooping cough).)

Iroquois Springs is required to provide you with information about the disease and the vaccine, and maintain a record of the following for each camper:

- A signed notice that you (as the parent or guardian) have received this information about meningococcal meningitis disease and vaccine information; AND EITHER
- A record of meningococcal meningitis immunization within the past 10 years; OR
- An acknowledgement of meningococcal meningitis disease risks and a waiver of meningococcal meningitis immunization signed by the camper's parent or guardian.

Bacterial meningitis is rare. However, its flu-like symptoms can make diagnosis difficult and can lead to a delay in treatment. If not treated early, meningitis can lead to severe inflammation around the brain and spinal column as well as severe and permanent disabilities, including hearing loss, brain damage, seizures, limb amputation, shock and even death.

PO Box 20126
Dix Hills, NY 11746
Phone 631.462.2550
Fax 631.462.0779

www.iroquoissprings.com
E-mail: summers@iroquoissprings.com

PO Box 487
Rock Hill, NY 12775
Phone 845.434.6500
Fax 845.434.6508

Cases of meningococcal meningitis among teens and young adults 15 to 24 years of age have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives.

Two different vaccines are available that protects against four types of the bacteria that cause meningococcal meningitis in the United States - types A, C, Y and W-135. These types account for nearly two thirds of bacterial meningitis cases among teens and young adults.

We wish to make you aware that in the past few years, new recommendations were issued by the American Academy of Pediatrics and the American College on Immunization Practices concerning meningococcal vaccines. With the release of a new longer lasting and more effective vaccine (Menactra™) the recommendations now are to vaccinate children as early as 11 years of age, and certainly before college. Until this past year, most adolescents who received the meningococcal vaccine did so in high school or just prior to starting college when they would be living in dormitory settings. There are risks and benefits to both of the available vaccines, and our camp health center staff recommends that you speak with your child's primary care provider in order to decide which vaccine is best for you. We encourage you to make an informed decision, but to seriously consider vaccinating your child against this serious bacterial infection.

Information about the availability and cost of the vaccines can be obtained from your health care provider and by visiting these websites www.menactra.com and www.NMAUS.org. You can also find information about the disease at the New York State Department of Health website: WWW.HEALTH.STATE.NY.US, and the website of the Center for Disease Control and Prevention (CDC): WWW.CDC.GOV/NCIDOD/DBMD/DISEASEINFO.

Iroquois Springs does NOT offer vaccination for meningococcal disease in our health center.

We encourage you to carefully review the enclosed materials and to discuss this information with your child's health care provider. **Please complete the Meningococcal Vaccination Response Form and return it to us** in the enclosed return envelope. We are required to obtain this from you under state law.

Sincerely,

Mark and Laura Newfield
Owners/Directors
Daniel Hyman, MD
Camp Health Center Pediatrician



Meningococcal Meningitis Vaccination Response Form

New York State Public Health Law requires the operator of an overnight children's camp to maintain a completed response form for every camper who attends camp for seven (7) or more nights.

Check one box and sign below.

- My child has had the meningococcal meningitis immunization (Menomune™/Menactra™) within the past 10 years. Date received:

[Note: The vaccine's protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3-5 years.]

- I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will **not** obtain immunization against meningococcal meningitis disease.

Signed: _____ Date: _____
(Parent / Guardian)

Camper's Name: _____ Date of Birth : _____

Mailing Address: _____

Parent/Guardian's E-mail address (optional): _____



Mark & Laura Newfield
Owners/Directors

Dear Parents,

In our on-going commitment to meet the needs of our campers who require medication while at camp as well comply with strict state regulations regarding medication dispensing for summer camps, we will continue to work with *CampMeds Inc.*, a pre-packaging medication program founded by a former camp nurse. *CampMeds* has been servicing the camping industry for the past 7 years providing the convenient service of dispensing, packaging and shipping medications directly to summer camps.

Our policy and procedure for dispensing and administering medicine REQUIRES camp families to have all of your child's medicine in PILL FORM to be dispensed by *CampMeds* and sent to camp prior to their arrival.

***CampMeds* will fill:**

- **Prescription medication in pill form (daily or "as needed")**
- **Non prescription medication in pill form such as allergy medication and vitamins (daily or "as needed")**

Please remember that the *CampMeds* pharmacy can dispense all meds, (excluding Accutane, growth hormone, insulin and birth control pills) but you are only required to have them fill the above listed items.

*Our camp stocks most over the counter items such as Tylenol, Advil, Benadryl, etc. so there is no need to have *CampMeds* dispense typical OTC items.

Medications that are in pill form are individually packaged and sealed according to date and time of administration. Each individual packet may contain one or more pills prescribed to be given at the same time. This method of dispensing medicine during summer camp minimizes potential med errors, ensuring that every camper gets the correct medication and dosage, at the right time, on the right day. It also allows your children to return to their camp activities sooner, because administering meds that are pre-packaged and organized reduces their time spent in line waiting for meds! Our nurses now have more time to devote to your child's other healthcare needs.

Medication at camp is dispensed at mealtimes and bedtime. Only if medically necessary and a specific time is written on the prescription, will the meds be dispensed at a different time of day. You are responsible to check that your child's prescriptions are written exactly how and when the medication is to be given. For example, if the med is to be taken only as needed, the prescription must be written that way; if the med is to be the "brand drug", the prescription must specify "brand only" or the generic will be dispensed.

We want to be clear that we do expect 100% participation from families with campers who will need medication in pill form while at camp. The only exception to this procedure is if *CampMeds* notifies us that they are unable to accept your insurance. If your camper does not take medication in pill form, you do not need to register with *CampMeds*.

If your camper will be taking medication at camp this summer, please read the following detailed letter, important FAQ's and visit their website, www.campmeds.com for additional information and to register your camper.

We are confident that this program continues to help us achieve our primary goal; *the health, well-being and safety of your child.*

Warm Regards,

Mark & Laura Newfield

PO Box 20126
Dix Hills, NY 11746
Phone 631.462.2550
Fax 631.462.0779

www.iroquoissprings.com
E-mail: summers@iroquoissprings.co

PO Box 487
Rock Hill, NY 12775
Phone 845.434.6500
Fax 845.434.6508

Dear Camp Parents,

This summer, Iroquois Springs will continue work with **CampMeds, Inc.**, a pre-packaged medication program to dispense and package your child's medication for camp. Camp families are **required** to register with **CampMeds** if your child takes medicine in pill form while at camp. The **CampMeds** pharmacy will dispense all of your child's prescription and non-prescription pills taken daily or as needed. This includes vitamins. All pills will be dispensed and individually packaged in sealed packets labeled with your child's name, medicine, dosage, date and time to be given. Medication not in pill form (liquids, inhalers, drops, etc), can be dispensed as well. Our system ensures that each camper receives their correct medicine at the correct time. All medicine will be shipped to camp prior to your child's arrival.

What you need to do:

1. Register on www.CampMeds.com (you may register prior to obtaining prescriptions)
2. Note the Camper ID # you will receive when registered. Print out receipt at the end registration.
3. Obtain original prescriptions written for 30 day increments. (Refer to FAQ #11)
4. Write Camper ID # on top corner of prescriptions. *Do not send us medication, only the written RX
5. Prescriptions are filled as written. It is your responsibility to confirm all prescriptions are written correctly; exactly how and when your child takes the medication (daily or PRN), that the correct med is prescribed and the dosing is correct. (Refer to FAQ #2 and #15).
6. If your child attends camp over 30 days, prescriptions must have a refill. Unused meds are sent home from camp
7. **For Controlled Substances:** If your child is staying longer than 30 days, law requires a new prescription for each 30 day supply. Two separate 30 day Rx's are required for Controlled Substances. No refills and only 30 days of meds should be written on the prescription. Send all prescriptions together
8. Non-prescription meds/vitamins; physician's authorization or written directions by parent required.
9. Include a copy of both sides of your insurance/prescription card.
10. Mail prescriptions, registration receipt and copy of insurance card directly to:
CampMeds PO Box 267037, Ft. Lauderdale, FL 33326-7037

Fees: There is a one-time registration fee for the entire summer which will be charged to your credit card immediately upon registration. **Fees are per camper, not prescription, and do not include the cost of medicine.

- **Fee for campers attending up to 30 days of camp is \$50 including shipping**
- **Fee for campers attending over 30 days of camp is \$60 including shipping**

Deadlines: Children attending camp **June 27**; above items must be received no later than **May 27**.

Children attending camp **July 18**; above items must be received no later than **June 18**.

A \$25 late fee will be charged to your credit card if any of the items above are received after deadlines.

Please be aware that your credit card will be charged the shipping cost for any med change or if additional meds are ordered and sent to camp after your initial medication and/or refills have been sent.

Email Notification: You are notified by email when **CampMeds** receives your online registration, when your prescriptions are received and when meds are sent to camp. Contact us if you do not receive a confirming email within one week of sending prescriptions.

Insurance/Prescription Meds: The **CampMed's** licensed pharmacy partner accepts most insurance plans. They will verify your insurance upon registration and submit to your plan once camp begins. You are responsible for all co-payments, deductibles and meds not covered by your insurance. **All of your med charges will appear on your credit card statement from the Pharmacy usually after your child returns home. You are responsible to notify **CampMeds** of any changes to your credit card and/or insurance plan. If the pharmacy is not a provider for your plan, we will notify you to arrange alternative arrangements.

OTC Items and Meds Not Covered by Insurance: Will be charged to your credit card by the Pharmacy.

Please refer to our website www.CampMeds.com for registration and important details. For questions contact **CampMeds** at 954-577-0025 or info@CampMeds.com. **Please review the following FAQ's.**

CampMeds FREQUENTLY ASKED QUESTIONS

1. **Exactly which medications am I required to have *CampMeds* dispense?**

- All pills and vitamins *except* the following: dissolvable pills, Accutane, Lactaid (taken only as needed), birth control pills
- CampMeds does NOT dispense insulin or growth hormone injection
- Most camps stock drugs such as Tylenol, Advil, Benadryl, etc; you do not need to have *CampMeds* dispense those typical items if they are only taken “as needed”.
- If your camper takes herbal/specialty vitamins, please contact *CampMeds* to determine if they can be packaged.

2. **How can I be sure the meds will be packaged exactly the way my child takes them?**

It is your responsibility to check that the written prescription is written correctly. If the med is to be taken daily, the prescription should be written for every day with the time of day, such as morning, with lunch, etc. If the med is to be given at bedtime, the prescription must specify. **If a prescription is written as “once a day” with no specific time, the medication will be packaged for the morning.** If the med is taken only “as needed” (PRN), the prescription must be written to specify only “as needed”.

3. **Do I need to register my child again if I registered last summer?**

Yes, you need to register for this summer and your child will be assigned a new Camper ID.

4. **Will the pharmacy accept my insurance?**

Our pharmacy partner is contracted with most insurance plans however, until you submit your online registration form with complete insurance information, your plan cannot be verified for billing. We will contact you if the pharmacy is not on your plan. You will not be required to participate in the *CampMeds* program if your insurance will not pay for medicine dispensed by our pharmacy. It is *CampMeds* responsibility to verify the pharmacy is an in network provider for your insurance plan. You will be responsible for co-payments, deductibles and any over-the-counter requests not covered by insurance. If you have an insurance change, please email the updated insurance to CampMeds in order to avoid the credit card charges for the full cost of medication. Any credit card charges from the pharmacy will appear as a separate charge *after* your child returns from camp.

5. **Will my co pay be the same from the *CampMeds* pharmacy?**

Our pharmacy partner will confirm that they are a participating provider for your insurance plan once you have registered at www.campmeds.com. This will ensure that your co pays will be the same as you pay at your local pharmacy. You will be notified if we are NOT a provider for your plan. Since we will NOT submit to your insurance until your child arrives at camp (a courtesy that enables refills prior to camp if needed), there is no way for the pharmacy to determine in advance if the medication your child will be prescribed and/or the dose that is prescribed will be covered by your insurance, or if a prior authorization from the physician will be required for a particular medication prescribed. *It is your responsibility to contact your insurance to confirm all medication and dosages will be covered.* Please keep in mind that insurance plans change frequently, so it is a good idea to contact your prescription processor prior to mailing your child’s prescriptions to *CampMeds*.

6. **What if I use a mail order pharmacy or have a 90-day prescription plan?**

Usually our pharmacy can only dispense a 30-day supply of meds. You will be responsible for a 30 day co pay determined by your insurance plan. Please register at www.campmeds.com and follow instructions below:

- After registering, fax *CampMeds* a copy of both sides of your insurance card that covers the meds and note that you use a Mail Order pharmacy for your child’s medication. You must also reference the Camper ID you will receive at the end of registering.
- List the medications and dosages to be dispensed
- We will confirm that our pharmacy is a participating provider for your insurance plan and that we can dispense a 30 day supply of meds.
- If medication is needed prior to camp, count the number of days your camper will need before camp and request only that number of days be filled for home use.
- *CampMeds* will contact you to discuss details. If we are unable to dispense meds for your child, your registration fee will be refunded.

7. **What if my child’s medication needs to be refilled while at camp?**

Medication prescribed for “daily” use is automatically refilled by our pharmacy and sent to camp for campers attending over 30 days. Prescriptions must be written with refills. **PLEASE NOTE:** Refills will be billed 30 days after the initial billing. Do NOT refill your child’s medicine while at camp. This will cause your insurance to reject our pharmacy submission of your child’s medication claim, and you will be charged full price for meds dispensed. Once your camper finishes any unused meds brought home from camp, along with any meds left at home prior to camp, you may then refill your child’s medication. You will fall right back in to your refill cycle!

8. How are “as needed” medicines packaged?

CampMeds will pre-package “as needed” (PRN) medicine separately from daily meds. Your child will go to the nurse for these medications when he/she needs them and they will be refilled only if necessary. The camp nurse will contact *CampMeds* if a PRN med needs to be refilled. Unused meds will be sent home at the end of camp.

9. What if I need to fill a prescription for my child before camp starts?

You may refill your child’s medication anytime before camp, if necessary. In order to help ensure that medications for camp will be covered by your plan, please request only the amount of medication needed at home before camp begins. The pharmacy will not bill your insurance until camp begins.

10. I can only refill my child’s medicine when he is down to his last pill. How can the pharmacy send the meds to camp before a refill is due?

The pharmacy will dispense the meds and send to camp prior to your child’s arrival, but will not submit to your insurance until the day your child begins camp. If need be, the pharmacy will request a vacation override from your insurance company. On occasion, the pharmacy will to resubmit the claim form on the appropriate date for reimbursement. Med charges will not appear on your credit card until your child returns from camp.

11. Why don’t you dispense meds for the exact days of camp, rather than in 30 day increments?

Most insurance plans only reimburse for 30 days of meds per month, and you the insured, usually pay a co pay for each 30 day supply. If the Rx is written for less than a 30 day supply, your co pay will be the same cost as a 30 day supply. If the Rx is written for a 40 day supply because your child attends camp for 40 days, we will dispense a 30 day supply. The refill will be dispensed for the remaining 10 days which will cost the same as a 30 day supply.

12. Will non-prescriptions cost the same as I pay at my pharmacy?

The pharmacy is competitive in pricing however, there is no way to know if you will pay a few dollars more, or a few dollars less.

13. Can a half of a pill be packaged? Yes

14. My child takes a different dose of the same medicine every other day. Can it be packaged that way? Yes

15. Will the pharmacy dispense generic or brand?

Unless the prescription specifies “Brand Only”, “Brand Medically Necessary” or “Do Not Substitute”, the pharmacy will dispense generic. It is your responsibility to confirm the prescription is written correctly.

16. What if my child takes a “Controlled Substance” such as Concerta or Adderall?

An original prescription is required. For campers staying more than 30 days, an additional prescription for a 30 day supply of meds is required. It is against the law for a “**controlled substance**” to be refilled. **Please send a separate prescription for every 30 day supply.** All prescriptions for the child’s camp stay should be received by *CampMeds* at the same time. Please visit our website at www.campmeds.com for a detailed letter you may give your physician on controlled substance prescriptions to be dispensed by the *CampMeds* pharmacy. You may explain that we can accept two separate 30 day prescriptions written for the same date, but they will only be dispensed one month at a time. The physician may write both prescriptions each with a different date.

17. What if my child is placed on a prescription or non-prescription daily medication after the deadline date to register and submit prescriptions has passed?

CampMeds will always accommodate all campers at anytime. You may be asked to send your child with a small supply of meds as back up and the \$25 late fee will apply.

18. When will the pharmacy charge me for my camper's medications? Since our pharmacy partner will not submit to your insurance until camp begins, you may not receive a charge on your credit card until AFTER your camper returns home. Please notify us if your credit card information changes during the summer.



Camper Off-Site Swimming Permission Slip

** Please return this form to Iroquois Springs to PO Box 20126, Dix Hills, NY 11746

Dear Parents:

The New York State Department of Health requires that we have parents' permission for each of our campers to participate in swimming on out-of-camp trips. Please return it to us as soon as possible. Your child(ren) will not be allowed to swim or boat out of camp, until we have received your permission.

You, as parents, have chosen Iroquois Springs because you know your children are safe with us and that all our programs are run with the highest standards of care. We comply with the regulations of the Department of Health and the American Camping Association, the two bodies that govern the way we run Iroquois Springs.

A Trip leader certified in First Aid leads all of our trips. In addition, whenever a trip includes swimming or boating, a water safety staff member accompanies the trip. The swimming sites we use away from Iroquois Springs not only meet the Department of Health requirements, but there are often sites, which have been personally visited by our staff.

Please feel free to call 631.462.2550 should you have any questions.

Off-Site Swimming Permission

I have been informed by Iroquois Springs that

- a) My Child(ren) _____ may participate in swimming at sites that are not inspected by the permit-issuing official;
- b) Qualified camp staff will determine the suitability of the site at the time of each use, and
- c) The location may be remote or inaccessible to allow for prompt transfer to an emergency medical health care facility.

Parent/Guardian

Signature: _____ Date: _____