



Dear Provider,

The camp that your patient is attending this summer, Surprise Lake Camp, has chosen Drug World to manage the dispensing and pre-packaging of all camper medications. We aim to provide a safe and efficient medication management system to ensure the well-being of campers during their stay.

Medications in pill form will be dispensed in compliance dose packaging, clearly labeled with the patient's name, medication details, Rx number, date, administration time, and specific instructions. Packaged medication will be delivered to the Health Center at the camp. Due to most insurance regulations, all medication will be dispensed in 30-day increments.

To facilitate this process, we kindly request receipt of prescriptions at least 30 days prior to the camper's start date (please refer to the chart below). E-prescriptions should be forwarded directly to Drug World of Cold Spring, LLC.

Please adhere to the following guidelines for prescribing:

- **Non-Controlled Medications:** Prescribe in 30-day increments with sufficient refills to cover the entire camp session. Any remaining medication will be returned to the parent/guardian.
- **Controlled Substances:** E-scribe one prescription for each 30-day supply. If the patient attends camp for longer than 30 days, two separate 30-day prescriptions are required. We suggest e-cribing prescriptions for June 7th and July 7th.
- **Please include your DEA and NPI numbers on all prescriptions. Do not pre- or post-date prescriptions.**

We have advised parents to request a "short fill" of medication from their home pharmacies so they are dispensed enough medication to cover only the period leading up to their child's first day of camp. This will ensure that all camper medications are available upon arrival.

For any inquiries or assistance, please contact Caitlin Chadwick at Drug World: 845-265-6352 ext. 129 or email camp@drugworld.com. Thank you for your cooperation in ensuring the health and safety of campers.

SLC PARENTS: Please fill out prior to providing this letter to your physician:

Child First Name: _____

Child Last Name: _____

Child DOB: ____ / ____ / ____

Please check which session the child will be attending camp:

Sessions	Dates	# of Days	E-scribe date
<input type="checkbox"/> Full Summer	June 27 – August 18	53	June 7
<input type="checkbox"/> Session 1	June 27 – July 28	32	June 7
<input type="checkbox"/> Session 2	July 30 – August 18	20	July 7
<input type="checkbox"/> Mini Camp	July 16 – July 28	13	July 7