



Dear Provider,

Your patient will be attending Camp Romaca this summer, which has partnered with Drug World to manage the dispensing and pre-packaging of all camper medications. Our goal is to ensure a safe and efficient medication management system throughout their stay.

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

To streamline this process, we kindly request prescriptions be submitted by the applicable e-prescribe date listed in the chart below.. **E-prescriptions should be sent directly to Drug World of Cold Spring, LLC.**

Prescribing Guidelines:

- **Non-Controlled Medications:** Prescribe in 30-day increments with enough refills to cover the entire camp session. Any remaining medication will be returned to the parent/guardian.
- **Controlled Substances:** Submit a separate e-prescription for each 30-day supply. If the camper attends for more than 30 days, two prescriptions are required (we suggest e-scribing on May 25th and June 22nd).
- **All prescriptions must include your DEA and NPI numbers. Do not pre- or post-date prescriptions.**

We have advised parents to request a “short fill” from their home pharmacy to cover only the period leading up to camp. This ensures that all medications are available upon the camper's arrival.

For any questions or assistance, please contact Caitlin Chadwick at Drug World: 845-265-6352 ext. 129 or email camp@drugworld.com. Thank you for helping us ensure the health and safety of campers.

ROMACA PARENTS: IMPORTANT—READ BEFORE GIVING THIS FORM TO YOUR PHYSICIAN

Before handing this form to your physician, complete this section first. This form is for the physician only and does not need to be submitted to camp or the pharmacy.

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 26 – August 14	50	May 25
<input type="checkbox"/> Trainees/Floaters CITs	July 25 – August 14	21	May 25