Dear Parents,

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 camps throughout the United States.

Our policy for dispensing medicine requires ALL campers and staff members who are under the age of 18 and 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 AND STAFF MEMBERS UNDER THE AGE OF 18, WHO TAKE MEDICATIONS, VITAMINS, OR SUPPLEMENTS ON A DAILY BASIS.

PLEASE NOTE: Copies of all prescriptions and doctors notes must also be submitted to the camp along with the camper’s medical form.

● 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 prescription is required.

● In addition to the cost of medication and/or your co-pay, J Drugs DOES NOT charge a service fee.

● The deadline for this program is May 1. 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.

Please review and complete the attached J Drugs documents ASAP
Thank you in advance for your compliance with this program.
# J Drugs Pharmacy Order Form

**Camp Dora Golding**

**J Drugs Pharmacy Order Form**

1205 Avenue J Brooklyn NY 11230

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

---

<table>
<thead>
<tr>
<th>Camper/Staff Member: Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address: Street</th>
<th>City</th>
<th>Zip</th>
<th>Guardian E-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Last Name</th>
<th>First Name</th>
<th>Home Phone</th>
<th>Summer Contact Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**July / August / Full Summer**

<table>
<thead>
<tr>
<th>Cell Number</th>
<th>Dates of Attendance (please circle one)</th>
<th>Allergies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Insurance Card Front of Card**

**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)

---

**Name of Medication** | **Strength** | **Quantity/Time of Day**: (Please circle and fill in )
---|---|---
| | |  
| wake-up breakfast lunch dinner bedtime other: _____ | | |
| # of tabs:_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/____/
J Drugs FAQ’s

How do I order through J Drugs?

You can order by phone, fax, or mail. Please use the attached order form provided by CDG. If you have any questions, please call 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 and our service fee will be charged to your credit card.

How much does J Drugs charge for this service?

There is NO FEE for the medication packaging and delivery up to camp.

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 CDG?

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

How are the medications packaged?

Generally, camps utilize individual dose packaging. Each dose of medication is sealed in a medication strip 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. The camp staff simply tears open the perforated packet and hands your child his/her medications. 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 ORIGINAL PRESCRIPTION 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.

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.
J Drugs FAQ’s

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. 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.

We have a ninety-day prescription plan. Can I still use J Drugs?
We can accommodate this situation with the 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 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 1st deadline.

What if my child’s doctor writes a prescription for a new medication after your deadline passed?
We will work with you to handle late medication changes. You may be required to send additional medications to camp as a backup 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 Medicaid.