



Please take this sheet to your camper's doctor to provide guidance on the submission process.

**ALL Medications, Vitamins, and Over-the-Counter products**, will require a prescription to be given daily while at camp.

The prescription should be written clearly with:

- Camper's Name and "Mountain Meds" marked on top of the prescription
- Camper's Date Of Birth
- Medication Name and Strength
- Frequency and Time of Administration
  - Breakfast, Lunch, Dinner and Bedtime Doses unless specific regimen required
    - QD, QAM, Breakfast = Breakfast Dose
    - Lunch, QAfternoon = Lunch Dose
    - Evening, Dinner = Dinner Dose
    - QPM, HS, Night = Bedtime Dose

Inhalers, Allergy Medications or EpiPens, should include an Action Plan by the doctor for symptomatic use.

E-Script Prescriptions should be sent with "Mountain Meds" in the Message Field.

Non-Controlled Medication Prescriptions may be mailed to our pharmacy, faxed or sent via E-Script.

Controlled Medications must be mailed to our pharmacy on an original prescription or sent via E-Script. Controlled Medication Prescriptions can NOT be faxed. Please prescribe one prescription for each 30 day supply needed. If your patient attends camp longer than 30 days, TWO separate 30 day prescriptions are required. Please write the first prescription for 1 week before the first day of camp and the second prescription for 30 days later. For example, if camp starts on June 24<sup>th</sup>, the first prescription should be written for June 17<sup>th</sup> and the second prescription for July 16<sup>th</sup>. You may post-date the prescription or utilize the phrase "Do Not Fill before \_\_\_\_" based on your state regulations.

**NY DOCTORS ONLY** – As of March 27, 2016 all prescriptions should be sent via Electronic Prescription (E-Script), unless a "Waiver" of the mandate was approved. For non-controlled substances, and Over-The-Counter items, please send prescriptions in as soon as possible. For controlled substance prescriptions, we will send a fax reminder close to the date of camp, requesting the electronic prescriptions to be sent over to us. Please send these prescriptions upon receipt of our notice as soon as you can to aid in our providing continuity of care.

Mailing Address:	Rock Hill Pharmacy PO Box 777 Rock Hill, NY 12775	E-Script Information:	Rock Hill HealthMart Pharmacy 253 Rock Hill Drive Rock Hill, NY 12775
Phone Number:	845-791-1515	Fax Number:	845-791-1045

Any questions, email [mountainmeds@rockhillrx.com](mailto:mountainmeds@rockhillrx.com) or call Rock Hill Pharmacy at 845-791-1515.

Here is to a Happy, Healthy, and Safe Summer Camping Season.