



## Colonial Pharmacy CampRx

Colonial Pharmacy

82 Newport Road

P.O. Box 10

New London, NH 03257

Phone: 603-526-2233

Fax: 603-526-2235

Email: [camprx@colonialpharmacy.com](mailto:camprx@colonialpharmacy.com)

Website: [colonialpharmacy.com](http://colonialpharmacy.com)

Greetings from Colonial Pharmacy! We are an independently owned and operated pharmacy located in New London, NH. We have been serving our community for more than 50 years and are excited to welcome you and your camper to our medication packaging services for the summer of 2025!

We utilize the RapidPak packaging system to package medications in convenient multi-dose ribbons for easy administration, travel, and storage while at camp. Each med pouch is clearly labeled with your camper's name, medication name(s), directions, date, and time to be taken. The pouch also features a clear window on the opposite side for visual verification. Our multi-check system ensures accurate and easy dispensing by the camp nursing staff to your child.



~~~~~

**\*\*ATTENTION PARENTS AND GUARDIANS: Completed intake forms MUST be submitted via EMAIL ONLY directly to Colonial Pharmacy. Any forms or prescriptions not received within 2 weeks prior to your camper's session start date does not leave us enough time to process and CampRx services will not be provided\*\***

~~~~~

### Our Program and Answers to Frequently Asked Questions

In order to package your child's medications in a timely manner and provide the best service possible, we have put in place the following deadlines. Coordinating your child's medications between your medical provider(s), insurance, and camp staff can take a great deal of time. These deadlines ensure we can provide our services in a timely manner.

Please submit both pages of the CampRx Intake Form as well as copies of insurance cards to camp as early as possible. All forms, documents, and prescriptions must be received at least 2 weeks prior to your session start date. Late forms and prescriptions will result in a \$30 late fee. Forms and prescriptions not received within two weeks of your session start date may not be able to be processed.

Attached is a letter to submit to your medical providers detailing how to send us the necessary prescriptions, please make sure they are aware of the deadlines.

## Which medications will be packed for my camper?

All oral medications, vitamins, and supplements that are prescribed on a scheduled basis (excluding over-the-counter medications) must be sent to Colonial Pharmacy for packaging via physician's order.



If your child takes liquid or gummy dosage forms, the camp and our pharmacy request your child take a chewable or orally disintegrating dosage form instead. Gummies cannot be included in the packs due to the pouches being heat sealed, they could melt causing the medication to be damaged and unusable. In addition, the summer heat could cause gummies to melt into other medications in the packs rendering them un-administrable. If necessary, gummies can be packed in separate sheet cards for an additional \$5 fee. If your child absolutely requires liquid or gummy dosage forms, please contact our pharmacy and/or the camp nursing staff.

## Why can't I bring most prescription medication from home?

Our CampRx packaging program assures accurate and easy medication administration by camp nursing staff to your camper. With all meds clearly labeled and daily doses all in one place the risk of missed doses or errors is dramatically decreased.

We have a wide variety of wholesalers we order from and typically can order special products your child may need. In the event we are unable to order something you will be notified and asked to bring the product from home to camp.

Also note, the camp Health Center stocks basic over-the-counter medications such as Tylenol, Advil, Benadryl, Sudafed, Claritin, Robitussin, etc. for as needed use for the campers. **PLEASE NOTE: Over-the-counter medications, supplements, vitamins, and unit dose medications such as inhalers, epi-pens, birth control packs, topicals, etc should be brought from home and given to camp nursing staff during drop off.**

Meds that *should* be brought to camp from home include:

- OTCs (Over-the-Counter)
- Inhalers
- Lactaid
- Epi-Pens
- Seizure rescue medications
- Acne Medications (including iPledge medications)
- Injectable Medications
- Creams/Ointments/Lotions/Gels
- Growth Hormones
- Birth Control Pills
- Diabetic supplies and rescue medications

Please check with the nursing staff if you have questions regarding what to bring with you. All remaining medication will be sent home with the camper at the end of their session.

### **How do I send prescriptions to your pharmacy for packaging?**

Included in this packet is a letter to submit to your child's physician detailing why we need prescriptions sent to our pharmacy and how to do so. Please provide this letter to your physician as soon as possible so they have ample time to send the necessary prescriptions to our pharmacy. Keep in mind, prescriptions received from physicians after the previously stated prescription deadline will not be able to be packaged in time for camp and service will not be provided. Please coordinate with your provider to ensure timely receipt of prescriptions to our pharmacy.

### **How much does this service cost?**

Each camper will be charged a minimum of \$10 which includes services for one session and one roll of packaged medications (up to a 30-day supply). If a camper will require medication for two sessions the charge is \$15. Colonial Pharmacy accepts most insurances and will bill all medications possible to your insurance company. If we are unable to accept your insurance or a prescription medication is not covered, we will contact you ahead of time to discuss your options. A credit card is required to be on file for service charges and any medication costs and copays. If you wish to pay for medications with a health savings account or HFA card, please contact our staff to set up those payments separately.

If you have any questions regarding this service, please contact us as soon as possible.



## **Colonial Pharmacy Contact**

Colonial Pharmacy

82 Newport Road

P.O. Box 10

New London, NH 03257

Phone: 603-526-2233

Fax: 603-526-2235

Email: [camprx@colonialpharmacy.com](mailto:camprx@colonialpharmacy.com)

Website: [colonialpharmacy.com](http://colonialpharmacy.com)

Thank you in advance from the Colonial Pharmacy staff and our CampRx packaging team!



## Colonial Pharmacy

Colonial Pharmacy

82 Newport Road

P.O. Box 10

New London, NH 03257

Phone: 603-526-2233

Fax: 603-526-2235

Email: [camprx@colonialpharmacy.com](mailto:camprx@colonialpharmacy.com)

Website: [colonialpharmacy.com](http://colonialpharmacy.com)

Dear Physician,

You are receiving this letter because one of your patients is attending a summer camp that is utilizing Colonial Pharmacy's CampRx pre-packaging program for their medications. The medications will be prepared in ribbon packaging that separates dosages by day and time for easy and accurate dispensing by camp staff. These packs will be sent to the camp in 30-day supplies and the remaining meds will be picked up by parents at the end of the camper's session.

For safety and accuracy, prescriptions will be required to be sent directly to our pharmacy for any medication that the camper takes and will need while at camp, including prescriptions, over-the-counter medications, and supplements. Whenever possible please include a med list for the patient along with their prescriptions. We will be enforcing a deadline by which all prescriptions will need to be received by to ensure accurate and timely service to the camp. Please coordinate with the patient's parent/guardian or our pharmacy staff as to what the camper's deadline for prescriptions is since this may vary by camp and session.

Prescriptions must be sent directly to the pharmacy via phone, fax, or e-script. All schedule II-V narcotic and controlled substance prescriptions must be sent electronically from the prescribing physician to the pharmacy. Please write one prescription for each 30-day supply and include DEA and NPI numbers on all prescriptions. Please keep in mind that all medications the camper takes will require a physician's order, including over-the-counter medications and supplements for safety and accuracy.

**If you deem necessary, we are requesting that prescriptions for controlled medications be marked with "Do Not *Dispense* Before" dates rather than "Do Not *Fill* Before" dates. This allows us to prepare the packages and bill insurance in a timely manner before camp begins. Please also allow for time to coordinate with the Camp Staff to pick up and process for their infirmary prior to camp beginning.**

If you have any questions, please contact our Colonial Pharmacy CampRx packaging team by calling 603-526-2233 or emailing [camprx@colonialpharmacy.com](mailto:camprx@colonialpharmacy.com).

Thank you!



# CampRX Intake

Colonial Pharmacy  
82 Newport Road  
P.O. Box 10  
New London, NH 03257

Phone: 603-526-2233  
Fax: 603-526-2235  
Email: camprx@colonialpharmacy.com  
Website: colonialpharmacy.com



**\*\*PLEASE SEND FORMS TO COLONIAL PHARMACY VIA EMAIL ONLY AS SOON AS POSSIBLE TO GUARANTEE SERVICE AND AVOID LATE FEES\*\***

## Camper Information

Male  Female

\_\_\_\_\_  
Camper's Name (Last, First)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Country

\_\_\_\_\_  
Zip Code

## Medication Allergies

No Known Drug Allergies

- Sulfa  Erythromycin  Penicillin  Keflex  Morphine-Codeine-Oxycodone  Aspirin- Ibuprofen  
 Other:

## Parent/Guardian Contact (please check preferred method of contact for each parent/guardian)

\_\_\_\_\_  
Parent/Guardian #1 Full Name

Cell Number

Home Number

Email Address

\_\_\_\_\_  
Parent/Guardian #2 Full Name

Cell Number

Home Number

Email Address

## Session Attending (please check all that apply)

- Full Summer: June 22- Aug 10  
 Session 1: June 22- July 15  
 Session 2: July 17- Aug 10  
 First 2 weeks: June 22- July 6  
 First 5 weeks: June 22- July 27  
 Last 5 weeks: July 6- Aug 10

## Prescription Insurance

\*photocopy of card required\*

RX ID: \_\_\_\_\_

RX BIN: \_\_\_\_\_

RX PCN: \_\_\_\_\_

RX Group: \_\_\_\_\_

# Medication List

Camper Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Include all pill form prescription medications in the list below. Please note, only items on the list below will be included in your child's camp pill packs. If more space is needed, please include a separate sheet or an additional copy of this page.

**All items require a prescription or signed order from an authorized provider to ensure the accuracy of your child's medications and supplements.** Please see our FAQs for more information and instructions on how to get prescriptions to our pharmacy.

Name of Medication	Time of Day
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed

**Payment:**  Visa  Master Card  American Express  Discover

(if you wish to use a Flex Spending/HFA card to pay for medications please contact our pharmacy staff with that information separately)

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration

\_\_\_\_\_  
CVV/Security Code

\_\_\_\_\_  
Billing Zip Code

\_\_\_\_\_  
Name on Card

**I authorize Colonial Pharmacy to bill my credit card for all products and services provided.**

X

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date