



In our ongoing commitment to ensure the safety of our campers who take any medications while at camp, we are partnering with Rutland Pharmacy, a local independent pharmacy. Rutland Pharmacy will package your camper’s medications in their DisPill multi-dose packaging. The DisPill package will be labeled with your child’s name, medication, medication description, as well as directions for administering. Each DisPill package will contain a month’s supply of medication. Camp will receive your child’s medication prior to their arrival and any medication leftover at the end of the session will be sent home with you at check-out.

Please fax or email the following information directly to the pharmacy by due date listed below.

1. Rutland Pharmacy Registration Form
2. Non-Prescription Authorization Form (if applicable)
3. *Readable* photo or photocopy of your insurance card, front and back.
4. Prescription information from your child’s physician.

Registration Due Dates for Betsey Cox:

Session 1: June 26 – July 16	May 26
Session 2: July 17 – July 30	June 17
Session 3A: July 31 – August 14	June 30
Session 3: July 31 – August 20	June 30

MuggieLeader: June 24-August 20	May 24
Staf: June 24 – August 20	May 24

Please note that we ask that you use Rutland Pharmacy for prescription medications. While it is not mandatory for you to use this service for over-the-counter medications, vitamins, epi pens, or as needed medication. DisPill, is a multi-dose calendar packaging which can be used for these types of medications as well. If you are interested in utilizing this service for any of these items, please reach out to Rutland Pharmacy.

Contact Information

Steve Hochberg, Registered Pharmacist & Owner
 Doug Friend, DisPill Camp Manager

Mailing address: 75 Allen Street, Rutland, VT 05701 ATTN: CAMP BC
 Fax: (802) 773-2489
 Phone: (802) 775-2545 (please ask for Steve or Doug)
 Email: smilin@rutlandpharmacy.com

Prescriptions should be sent by E-Prescribe, Fax, or by calling in to our pharmacist:

Phone: (802) 775-2545
 Phone: (800) 585-2545
 Fax: (802) 773-2489 (Must come from the physician’s office)
 Address: 75 Allen Street, Rutland, Vermont 05701
 ATTN: CAMP BC
 NCPDP # 4702141



Prescription Insurance

- We accept most prescription insurance plans and co-payments should be similar to those at your local pharmacy.
- We accept FSA/HSA cards
- Once we receive your registration, we will verify coverage and notify you if any issues arise.
- We accept Vermont and New Hampshire Medicaid plans. If your Medicaid plan is located outside of these states, Rutland Pharmacy will provide reasonable cash pricing.
- We will make every effort to bill your insurance. In the event that prescriptions are not covered, you are responsible for any out-of-pocket costs. These costs will be charged to the credit card on file.
- Although prescriptions usually cannot be filled until the monthly refill date, Rutland Pharmacy will dispense the medication so that it arrives on time to camp. *Please note that you cannot refill your child's medication while your child is away at camp because this will cause your insurance to reject our insurance claim.*
- If we cannot bill the insurance before delivering the medication, we will continue to try to bill your insurance for a maximum of 30 days after which we will charge your credit card the full retail price of the medication dispensed.
- Please note, that if we cannot obtain a particular brand of supplement and parent sends them to us in the original, unopened container, we will charge a \$10.00 repackaging fee per supplement

Registration Fee:

- \$40 flat fee for 1-month supply of medication charged to the credit card on file
- \$50 flat fee for 2-month supply of medication charged to the credit card on file
- Late fee: \$10.00 will be charged to credit card on file if Rutland Pharmacy does not receive registration or prescriptions at least 30 days prior to the start of your camper's session.

These registration fees do not include the cost of any medication. Any medications not covered by insurance, including co-payments and the cost of over-the-counter medications will be charged to your credit card. In the case that camp is cancelled due to COVID-19 prior to the pharmacy due date, Rutland Pharmacy will refund the packaging fee.

Prescription Medications

- Generics will be dispensed unless brands are specifically requested as "Do Not Substitute". If brands are not covered by insurance, it will be up to the parents to decide if they wish to pay out of pocket.
- Prescriptions must be written for 30-days with refills to cover the entire summer. The date on the Rx must be at least 2 weeks before camp start date.
- Please specify hour of administration (breakfast, lunch, dinner, and bedtime) so that we can package them correctly.
- We are able to package 1/2 pills
- "As Needed" medications are packaged separately.
- We provide all prescription medications, certain diabetic supplies, birth control, inhalers, oral solutions, eye drops, creams, ointments, and compounded medications.
- If camper arrives with expired EpiPen, it will be replaced by Rutland Pharmacy at family's expense.



Controlled Substance Prescriptions

- Must be sent by either E-Prescribe or by mailing the original script to us. E Prescriptions are preferred, please look us up by name, zip code or NCPDP# , as listed above.
- They must be prescribed for 30 days per script. Please send 2 scripts if camp lasts more than 30 days.
- We need to have the original script before we can dispense.
- Please make sure the physician's DEA# is on the script.

Over the Counter Medications and Supplements

- We require a doctor's note authorizing ALL over the counter medications and supplements. We have provided a form that you can fill out and fax to us.
- Generics will be dispensed unless brands are specifically requested as "do not substitute"
- If there are any supplements that we cannot obtain, parents can send them to us in their original sealed containers. As noted above, there is an additional packing fee for this service.
- Gummy supplements cannot be packaged in DisPill packaging, please substitute for chewable supplements.



Rutland Pharmacy Camper Registration Form

Camper Last Name: _____ Camper First Name: _____

Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Guardian name: _____ Phone number: _____

Session at camp (check all that apply)

____ Session 1 (6/26-7/16) ____ Session 2 (7/17-7/30)

____ Session 3A (7/31-8/14) ____ Session 3 (7/31-8/20)

____ Muggie Leader (6/24-8/20) ____ Staf (6/24-8/20)

Pharmacy contact information

Pharmacy Name: _____

Mailing address: _____

Phone number: _____

Credit Card Authorization

Rutland Pharmacy requires a credit/debit card to be used for all fees. I authorize Rutland Pharmacy to charge my credit/debit card for all fees discussed herein.

Credit Card #: _____

Name on card: _____

Expiration date: _____ CCV: _____

Billing address: _____

Signature: _____ Date: _____



Non-Prescription Authorization Form

Over-the-counter medications, vitamins, and supplements

Do not include prescription medications on this form – they should be sent separately

This form should be completed by your physician and faxed to (802) 773-2489

Child's Name: _____ DOB: _____

Camp Name: _____

Physician information

Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax number: _____

Drug name, strength, and directions	Breakfast	Lunch	Dinner	Bedtime	PRN
1.					
2.					
3.					
4.					
5.					