

# Camp Cobbossee

## CHECK OFF CAMP SESSION:

1st session (June 23-July 17)       2nd session (July 20-August 13)

### CAMP INFORMATION SHEET



2 Stone Street, Augusta, ME 04330

207-623-4250

Fax: 207-622-0760

Name of Camper \_\_\_\_\_

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

Do you already use CVS/Pharmacy? YES OR NO

Address and/or phone number of the CVS you use: \_\_\_\_\_

Name of Parents/Guardians \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ Alternative Phone number \_\_\_\_\_

Allergies to any Medication \_\_\_\_\_

#### Medications expected from CVS/Pharmacy on day one of camp (please list below)

All medications needed should be called in or faxed in from doctor's office, except Schedule II medications that are required to be mailed in. If you currently use CVS/Pharmacy at another location & have current refills, please let us know if you would like us to transfer those prescriptions instead of getting new ones(see policy form for more detailed information).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*PLEASE provide a photo copy of both sides of your PRESCRIPTION insurance card so we can make sure we are billing properly\*\***

Payment: Credit Card Type \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

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

Please fax or mail the completed form to **CVS/pharmacy** in Augusta