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2008

CAMP INFORMATION FORM AND AGREEMENT

PLEASE PRINT CLEARLY

Camp Name: _____

NO P.O BOX

Summer-for med shipments

Winter

Address: _____

Phone: _____ /HCC# _____

Fax: _____

E-mail: _____

Owner Name: _____

Director: _____

Contact person: _____

Number of sessions: _____

Exact Start dates/end dates for each session _____

Total # of Campers : _____

Date CampMeds info needed: _____

? Camper Parents to pay CampMeds fee ? Camp to pay the CampMeds fee

? I agree to send the following **CampMeds** information in the camp registration packets and/or email
Owner/Director letter on camp letterhead/Parent information letter

? I am requiring **only pills** to be dispensed by **CampMeds** ? I want CampMeds to package vitamins
? I am requiring **all meds** to be dispensed by **CampMeds**

? I agree that CampMeds will be our camp's exclusive provider for medication packaging

Signature: _____ Name: _____ Title: _____ Date: _____