

Camp Poyntelle Lewis Village Prescription Medicine Form

In order to quickly and efficiently handle your child's medical needs and prescription costs over the summer, we require valid credit card information stay on file in the camp office. This information will be kept locked and secure. If your child has medical coverage costs, they will be applied to this card.



Credit Card Type (Circle One)	VISA	Mastercard	Discover
Card Number	_____		
Card Holder Name (please print)	_____		
Expiration Date	_____	CVC (3 digit code on back of card)	_____
Cardholder Signature	_____		
<input type="checkbox"/>	By checking this box, I release Camp Poyntelle Lewis Village to charge this credit card for my child's prescription costs, in full if necessary, and any medical coverage not covered by my insurance.		

Please attach a copy of the front and back of your insurance & prescription cards.

To avoid unnecessary medical costs, please make sure all information is legible and cards are not expired.

**Camp Poyntelle Lewis Village is not responsible for charges made due to insurance liability. All claims should be pursued through your insurance company.*