

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 that 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.



Camper Name _____

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 _____

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 resulting from denial of insurance coverage. All claims should be pursued through your insurance company.*

Please note: This information will not be used to refill pre-existing prescriptions. This information will only be used to purchase medicine prescribed while your child is at camp.