



CARROLL COUNTY YMCA CAMP HUCKINS
17 Camp Huckins Road, Freedom NH 03836
P 603 539 4710 camphuckins.org

Dear Parents and Providers,

Valley Independent Pharmacy (VIP) works exclusively with YMCA CAMP HUCKINS, to package medications in convenient pouches for camps.

Here is all the information you need to send us prescriptions for all prescription and over the counter medications. A prescription is required for all over the counter medications including vitamins and supplements.

For Parents/Guardian:

If you have questions about your camper's medications, Valley Independent Pharmacy would prefer that you **TEXT** them directly at 207-506-2747.

If you have any questions about your camper's medication order form or medication billing please contact the camp office 603-539-4710 or camphuckins@camphuckins.org.

For Prescribers:

Prescriptions can be sent by: E-Prescribe, Fax or Paper Rx

Valley Independent Pharmacy NCPDP# 3062142

Fax: 603-730-5511 (Must come from the physician's office)
Address: 3631 White Mountain Hwy, North Conway, NH 03860
Email: valleyiph@gmail.com

Our packages are labeled to be given at: BREAKFAST, LUNCH, DINNER, AND BEDTIME

Please specify when each medication should be given so we package them correctly.

"As Needed" medications are packaged separately.

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 4 weeks before camp start date.

We provide all prescription medications, including Epi Pens, Birth Control, Inhalers, Oral Solutions, Eye Drops, Creams, Ointments, etc....; we do not



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dispense compounded growth hormones or any other compounded medications.

Controlled Substance Prescriptions

Must be sent by either E-Prescribe or by mailing the original script to VIP. E Prescriptions are preferred, please look us up by name, zip code or NCPDP # 3062142.

They must be prescribed for 30 days per script. We need to have the original script before we can dispense.

Please make sure the prescriber's DEA# is on the script.

Over the Counter Medications and Supplements

We require a medical provider's prescription for ALL over-the-counter medications and supplements.

Generics will be dispensed unless brands are specifically requested as "Do Not Substitute".

Gummy supplements cannot be packaged in pouches, please substitute for chewable supplements.