



J DRUGS PHARMACY ORDER FORM

1205 AVENUE J BROOKLYN, NY 11230

TEL: 718-258-6686 | FAX: 718-258-1230 | EMAIL: JDRUGSRX@GMAIL.COM

Camper: Last Name First Name Date of Birth Gender Grade (Fall 2022)

Address: Street City State Zip Guardian E-mail Address

Parent/Guardian Last Name First Name Home Phone Cell Phone

Session I-A/Session I-B/Take 2 | Session 2/Mini Session 2 | Full Summer/ SIT

Dates of Attendance (please circle one)

Allergies

Insurance/Prescription Card
Front of Card
PLEASE CONFIRM THAT ALL DATA IS LEGIBLE
(If you have more than one card please include copies of all cards)

Insurance/Prescription Card
Back of Card
PLEASE CONFIRM THAT ALL DATA IS LEGIBLE
(If you have more than one card please include copies of all cards)

Table with 3 columns: Name of Medication, Strength, Quantity/Time of Day: (Please circle and fill in). Includes rows for medication details and dosing instructions.

(if there are more medication than lines provided please attach a second page)

PAYMENT: VISA AMERICAN EXPRESS OR MASTERCARD:

I hereby authorize J Drugs to charge my credit card all co-payments associated with the medication that I order. I agree to pay for any items that are not covered by my insurance plan.

Card Holder Name Card Number Expiration Date / CVV Code

Card Holder Signature Date

Please Mail, Fax, or Email forms to the address listed above.
Please attach all prescriptions not submitted by your doctor

J drugs is a third-party provider and is not associated with the camp