



Menominee



Camper Medication Information

Hayat Pharmacy is proud to partner with Camp Menominee to provide medication solutions that ensure campers have the medications they need, at the correct doses and at the times of day they are needed. We will fill your camper's prescription medications and send them to camp in advance, so your child can safely enjoy their camp experience.

How to Get Your Camper's Medications to Hayat Pharmacy

Hayat LTC Pharmacy
807 West Layton Avenue, Suite B
Milwaukee, WI 53221

Contact the physician and ask them to send your child's prescription medications in one of the following ways:

Electronically: Hayat LTC Pharmacy

Phone: (414) 533-2222

Fax: (414) 533-0001

OR call us at (414) 533-2222 during our regular business hours to provide your camper's information and the name of your current pharmacy and we can contact the pharmacy and transfer the prescription to Hayat on your behalf if there are refills remaining for non-controlled medications.

Pharmacy Hours: Monday-Friday: 9 a.m.-5 p.m.; Saturdays and Sundays: 9 a.m.-4 p.m.

PLEASE NOTE: Controlled medications must be sent to us electronically and will be handled on a case-by-case basis, depending on the medication and type of insurance. Hayat will reach out to you with a plan to ensure continuity of these medications.

Questions? Email camp@hayatrx.com or call (414) 533-2222.

To reach us with an urgent question after our business hours, call (414) 204-5015.



Camper Medication Form

Camper First Name: _____ Camper Last Name: _____

Camper Date of Birth: / / Camper Cell Phone Number: () _____

Camper Street Address, City, State, Zip: _____

Parent/Guardian Full Name: _____

Parent/Guardian Phone #: () _____ Parent/Guardian Email: _____

Dates of Camp Attendance (which session/s): _____

Insurance Information: Please complete the following using your prescription drug card (not your medical insurance card). Or, submit a photocopy of the front and back of your prescription insurance card, along with this form.

Insurance Carrier: _____

RX BIN: RX PCN: RX GRP: _____

RX Member ID: Pharmacy Help Desk Phone Number (*usually listed on back of card*): () _____

Please list all medications and over-the-counter medications or supplements.

NOTE: If there are more medications than lines provided, please attach a second page

Prescription Medication Name/ Over-the-Counter Medication*	Strength	Medication Directions	Time Taken	Prescriber Name and Phone Number
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bedtime	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bedtime	
			<input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Bedtime	

Do you anticipate a change in any of the medications listed above before Camp starts? YES NO

If, yes please explain: _____

THERE IS A \$49 PACKAGING FEE PER CAMPER. THERE IS AN ADDITIONAL \$10 REPACKAGING FEE FOR EACH MEDICATION THAT IS NOT FILLED BY HAYAT PHARMACY

CREDIT CARD INFORMATION: (Total Amount due will be charged 7 days prior to Camp Session starting)

16 DIGIT: _____ EXP DATE: ____/____ CVC: _____ BILLING ZIP: _____

By completing the insurance information above, I agree to authorize Hayat Pharmacy to contact my insurance company for insurance verification, billing and collections for my child's medication. I authorize Hayat Pharmacy to charge my credit card for the total amount due for packaging and copayments. Our licensed Pharmacy is HIPAA compliant and all personal information received will be solely maintained for the purpose of filling prescriptions and processing insurance claims.

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____