



Keystone Camp

Prescription Cover Sheet

(Please send with your camper's prescription to Gordon's Pharmacy)

To: Gordon's Pharmacy
518 S. Broad Street
Brevard, NC 28712

Phone: (828)877-6111

Fax: (828)877-6487

Email: gordonfamilypharmacy@gmail.com

Contact Information:

Camper's Full Name: _____

Legal Guardian's Name: _____

Daytime phone number: _____

Please indicate which session and the date of arrival:

Session: _____ Date of Arrival: _____

Please submit no later than three weeks before arrival