

Ph: 828-877-6111
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gordonfamilypharmacy@gmail.com



CAMPER PROFILE

Camper Information:

Camper Name:	
Camper Date of Birth:	
Home address:	

Session:

June 6

June 27

July 11

July 25

August 1

Parent Information:

Parent/Guardian Name	
Parent/Guardian Phone Number	
Parent Signature	

Pharmacy Information:

Name of Home Pharmacy:	
Pharmacy Address:	
Pharmacy Phone Number:	

Insurance Information:

Insurance Company			
Policy Holders Name			
Policy Holders Date of Birth			
Policy			
Subscriber ID:		PCN:	
RX BIN:			

Credit Card Information: I understand that there is a \$20 charge from Gordon's to process, package, and deliver my camper's prescriptions. I (we) are responsible for any remaining balance.

Credit Card Type			
Name on Card			
Card Number			
Expiration Date		CVV	

Camper Medical Information:

Allergies	
Medical Conditions	
Current Prescribed Medications	
Daily Over the Counter Medications	