

Camp Jotoni
51 Old Stirling Rd
Warren, NJ 07059
P: (908) 963-0092



Genoa Pharmacy
500 North Bridge St, Suite 104A
Bridgewater, NJ 08807
P: (732) 504-0267 F: (732) 734-5445
ddiduch@genoahealthcare.com

Camp Jotoni & Genoa Pharmacy: Safer, Faster, Easier

Camp Jotoni has partnered with Genoa Pharmacy to enhance our safety measures for campers and staff alike at camp, along with creating a faster and more efficient check-in experience. Choosing Genoa Pharmacy for your camper's medications helps everyone—most importantly your camper.

Why families love this option

- **Faster check-in:** Meds arrive at camp in advance, so you skip the longest line with **priority check-in**.
- **Fewer hassles before camp:** Genoa coordinates with your prescribers and insurance; no more last-minute pharmacy runs.
- **Consistency for the whole session:** Refills and mid-session needs are handled directly with camp (no mid-week drop-offs).

Why it matters for health & safety

- **Clear, travel-ready packaging:** Meds are delivered in sealed, labeled, calendar-dated Dispill® packs—easy to verify and easy to use.
- **Reduced medication errors:** Unit-dose, time-stamped packs support our double-check process and improves accuracy.
- **Pharmacist oversight:** Allergy checks and drug–drug interaction screening occur before meds ever reach camp.
- **Secure chain of custody:** Meds ship directly to camp, logged on arrival, and stored per best practice (including refrigeration when needed).

Why it helps our staff care for your camper

- **More time for campers:** Less administrative time at check-in and med pass means more time in activities.
- **Standardized documentation:** Packaging aligns with our Medication Administration Records (MARs), speeding safe administration.
- **Rapid replacement support:** If something changes (lost, damaged, or dose adjusted), Genoa helps us resolve it quickly.

Helpful Notes & FAQs

- **Changes to our check in process:** Families using Genoa will be put in a **priority check-in** line. You will not be required to meet with a nurse but will still have the opportunity available in case you have anything you would like to discuss with them.
- **PRN (as-needed) meds:** Must include prescriber directions (dose, indication, frequency/maximum).
- **Special handling:** Refrigerated or controlled medications are packaged and logged according to policy.
- **Insurance & costs:** Genoa bills your insurance when applicable. Any copays are handled per the Responsible Party form. There are no additional fees other than your regular copay.
- **Changes before camp:** If your camper's medications change after you submit forms, notify us and the prescriber promptly so Genoa can update the order.
- **Recently filled your prescription?** Genoa will work with your insurance and providers to work around your recent refill to provide camp with the medications required for your session.
- **Not using Genoa?** You may still attend, but expect **longer check-in** while our nursing team verifies and repackages meds to camp standards. Your medication will only be accepted in the original medication containers. You will still need to complete Camp Jotoni's physical form and provide us with a physician's confirmation of your camper's medications.

_____ Initial here. I agree to allow **Genoa Pharmacy** to fill and delivery my prescriptions.

_____ Initial here. I choose to remain with and obtain my medications from my **current pharmacy**.

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Camp Jotoni and Genoa Pharmacy Information

All campers who enroll in the Genoa Pharmacy program must complete this form and the following required paperwork:

1. Genoa Enrollment Form
2. Responsible Party for Payment Form
3. Dispill Management Form
4. Current prescriptions, including OTC orders, sent electronically (preferred), verbally, or faxed with cover letter
5. Photocopy or scan of primary and secondary Pharmacy Insurance Card

If you completed this Genoa paperwork for a previous camp session, you do not have to resubmit this paperwork again unless information has changed.

Camper Information	
Camper Last Name	Camper First Name
Family Contact Last Name	Family Contact First Name
Contact Phone Number (Primary)	Contact Phone Number (Secondary)
Doctor and Pharmacy Information	
Camper's Doctor:	
Camper's Pharmacy:	Pharmacy Address and Phone Number:

Please send all paperwork outlined to campjotoni@thearcofsomerset.org when it is ALL complete, at least 8 weeks prior to camper arrival at camp.



Responsible Party for Payment Form (RPF) - Payee

Completed Forms should be mailed to the Corporate Address for Genoa at:
Genoa Healthcare • 18300 Cascade Ave S., Suite 251 • Tukwila, WA 98188

Date: _____

Consumer Name: _____

Acct #: _____ Facility #: _____

Responsible Party (Print Name): _____

will pay for the following medications: _____

From: _____ To: _____

Responsible Party Address:

Phone Number: Home: _____ Work: _____

Payment Option: (Check One)

- Cash/Check/Money Order at site location: _____ (pharmacy name)
- Mail - Checks/Money Order should be made out to Genoa Healthcare and mailed to:
Genoa Healthcare • PO Box 77030 • Minneapolis, MN 55480-7730
- Credit Card - Please complete the Credit Card on File Authorization Form (GEN-CCARD AUTH 1.18)

I have submitted the information above truthfully and I understand I am responsible for the costs of medications or supplies; which may include charges that are not covered by insurance. I also understand that Genoa Healthcare has the right to discontinue medication if I become delinquent in paying all balances owing.

The Responsible Party signature below confirms that the Responsible Party is taking responsibility for reimbursement to Genoa Healthcare for the charges incurred by the consumer listed above.

Responsible Party Signature: _____ Date: _____



Dispill Management

Section 1. Consumer Information		
Consumer Name:	DOB:	
Section 2. Dispill Changes-New Orders		
Medication:	Strength:	Sig:
Time(s) of Day Given: AM NOON EVENING BEDTIME	Notes:	
Medication:	Strength:	Sig:
Time(s) of Day Given: AM NOON EVENING BEDTIME	Notes:	
Medication:	Strength:	Sig:
Time(s) of Day Given: AM NOON EVENING BEDTIME	Notes:	
Medication:	Strength:	Sig:
Time(s) of Day Given: AM NOON EVENING BEDTIME	Notes:	
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