



WAYNE MEMORIAL
HOSPITAL

An Affiliate of Wayne Memorial Health System, Inc.

Camp Affiliation Form 2024

We would like to thank you for choosing Wayne Memorial Hospital to provide your Healthcare needs this camp season. In doing so we would like to ensure that information exchanged between your camp and our hospital is efficiently exchanged. Please complete this form so that this can be accomplished. Preferable are Phone Numbers that can be answered 24-hours each day, as emergency situations may arise at any point, and information may be needed.

Also please avoid using a personal email for patient results. Instead please use a camp email such as infirmary@camp.com. Thank you.

Official Camp Name _____

Camp Address _____

Administrative Director's Name _____

Administrative Director's Phone Number _____

Infirmery Phone Number _____ Infirmery Fax Number _____

Off Season Phone Number _____

Off Season Mailing Address _____

Email Address for patient results _____

Preferred method of delivery for results/reports (select one):

Fax Listed Above Email listed above Other: _____

Completed forms can be returned to:

Wayne Memorial Hospital
Attn: Stacey Goodenough
601 Park Street
Honesdale, Pa 18431
Email: goodenough@wmh.org
Fax: 570-253-8183

Thank you In advance for your cooperation and for your choice to use Wayne Memorial Hospital for your Healthcare needs. If you should have any question regarding this request or otherwise please feel free to contact the Stacey Goodenough at 570-253-8278