



Camp Emergency Information Card

No emergency medication will be accepted and administered without a Care Plan from a physician.

The Action Care Plan, Medication, and Permission to Administer Medication form must be handed to the Nurses on Monday morning.

Camper's Name: _____ Age: _____ Date of Birth: _____
Last First Middle

Important Information:

- Return this form **at least two weeks** before your child's first camp begins. You can also email this form to kidsoncampus@bucks.edu.
- No child will be admitted to camp without this completed form on file.
- Your child may **NOT** carry medication at camp without a specific doctor's order to do so (ex. Inhalers, insulin, epinephrine, etc.) The nurses must see the note and medication. Otherwise, the nurse will hold all medications.
- **Every Monday**, please see the nurses at the tent with all medications and documentations.
- You must have the prescription label on the medication and Action Plan.
- Please check expiration dates of medication.
- **Every Friday**, you must see the nurses to pick up your child's medication.

Home Address: _____

1. Parent/Guardian: _____

Phone Number: _____ Alternate Number: _____

2. Parent/Guardian: _____

Phone Number: _____ Alternate Number: _____

Are both Parents authorized to pick up child? Yes No

Other persons who are authorized to act for parent in an **emergency** only (Local). Parents are notified first. (You must list at least 2 contacts).

Name	Phone Number	Relationship
1. _____	_____	_____
2. _____	_____	_____

Please list all the names of the camps your camper will attend this summer:

- Week 1 – June 17-21, 2024: _____
- Week 2 – June 24-28, 2024: _____
- Week 3 – July 1-5, 2024: _____
- Week 4 – July 8-12, 2024: _____
- Week 5 – July 15-19, 2024: _____
- Week 6 – July 22-26, 2024: _____
- Week 7 – July 29-August 2, 2024: _____
- Week 8 – August 5-9, 2024: _____

List any Medical Conditions your child has (examples: Asthma, ADHD, Cardiac conditions, Diabetes, Epilepsy, etc.):

List any Medications your child is currently using: _____

Does your child need to take any medications during the camp day? No Yes If **yes**, explain: _____

Does Your child have any severe allergies? No Yes If **yes**, explain the type of allergy _____

What treatment is necessary? Benadryl Epi-pen Other _____

Does your child see a specialist for emotional reasons? No Yes If **yes**, explain: _____
