



## 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](mailto: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.

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

- Week 1 – June 15-19, 2026: \_\_\_\_\_
- Week 2 – June 22-26, 2026: \_\_\_\_\_
- Week 3 – June 29-July 3, 2026: \_\_\_\_\_
- Week 4 – July 6-10, 2026: \_\_\_\_\_
- Week 5 – July 13-17, 2026: \_\_\_\_\_
- Week 6 – July 20-24, 2026: \_\_\_\_\_
- Week 7 – July 27-31, 2026: \_\_\_\_\_
- Week 8 – August 3-7, 2026: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

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. \_\_\_\_\_