



Teen Experiences Emergency Information Card

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

Important Information:

- Mail this form **at least two weeks** before your child's first course begins. You can also email this form to coned@bucks.edu.
- No child will be admitted to the Teen Experiences course without this completed form on file.
- Your child may **NOT** carry medication on campus 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.
- **At the end of the course, 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

Please list all the names of the courses your child will attend this summer:

- Week 1 – June 19-23, 2023: _____
- Week 2 – June 26-30, 2023: _____
- Week 3 – July 3-7, 2023: _____
- Week 4 – July 10-14, 2023: _____
- Week 5 – July 17-21, 2023: _____
- Week 6 – July 24-28, 2023: _____
- Week 7 – July 31-August 4, 2023: _____
- Week 8 – August 7-11, 2023: _____

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.	_____	_____	_____
3.	_____	_____	_____

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: _____
