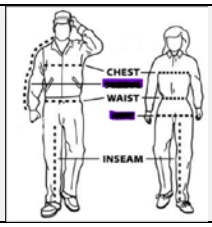
CAMP EMBER

STUDENT EMERGENCY CARD

Date: _____

Last Name		**First Name**	
Street Address			
City		**State**	**Zip Code**
Primary Phone		**Email**	

Name of School		**Birthdate**		**Grade**	Choose

Height		**Weight**		**Chest Size**		
Waist		**Inseam**		**Shoe Size**		
T-Shirt Size	❑ Small ❑ Medium ❑ Large ❑ XLarge ❑ 2XLarge					

Parent Information

Fathers Name		Mothers Name	
Cell Phone		Cell Phone	
Work Phone		Work Phone	
Alternate Phone (if applicable)		Alternate Phone (if applicable)	
Email		Email	
Employed By		Employed By	

Please Check One:

Student lives with: ❑ Both Parents ❑ Father ❑ Mother ❑ Guardian ❑ Other

Name of person with whom student lives, if not with parents: _____

Emergency Contacts

1st

Emergency Contact Name			
Relationship			
Cell Phone		**Alternate Phone**	
Email			

2nd

Emergency Contact Name			
Relationship			
Cell Phone		**Alternate Phone**	
Email			

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Health History

Insurance Information

Insurance Carrier			
Policy #		**Member #**	
Medicaid?	☐ Yes ☐ No	**Medicaid #**	

Physician Name

Physician Office			
Name of Physician			
Office Number		**Emergency Number**	

Dietary Needs/Requirements: ☐ Yes ☐ No

If Yes... ☐ Vegetarian ☐ Gluten Free ☐ Vegan ☐ Other

If Other Explain_____

Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergy or Reaction	Explain	Tolerance
☐	☐	Medication	Type: Action Plan:	☐ Intolerant ☐ Moderate ☐ Severe
☐	☐	Food	Type: Action Plan:	☐ Intolerant ☐ Moderate ☐ Severe
☐	☐	Plants	Type: Action Plan:	☐ Intolerant ☐ Moderate ☐ Severe
☐	☐	Insect Bites/Stings	Type: Action Plan:	☐ Intolerant ☐ Moderate ☐ Severe
☐			Type: Action Plan:	☐ Intolerant ☐ Moderate ☐ Severe
☐			Type: Action Plan:	☐ Intolerant ☐ Moderate ☐ Severe

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List all medications currently used, including any over the counter medications.

☐ Check here if **NO medications are routinely taken**.

Medication	Dose	Frequency	Reason

I give my permission for the Camp Ember staff to contact the prescribing physician regarding this medication.

Print Name of Parent / Guardian

Signature of Parent / Guardian *Date*

Prescriptions Medications

Medication		**Dosage**	
Purpose			
Time(s) to be given:			

Signature of Physician **Date**

Physicians Stamp

Medication		**Dosage**	
Purpose			
Time(s) to be given:			

Signature of Physician **Date**

Physicians Stamp

Medication		**Dosage**	
Purpose			
Time(s) to be given:			

Signature of Physician **Date**

Physicians Stamp

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PARENT / GUARDIAN AUTHORIZATIONS

Medical Release

In the event of an emergency, I understand that a reasonable effort will be made to contact me. If I cannot be reached, I hereby authorize a representative of Camp Ember to act on my behalf to seek emergency medical care or treatment for my child. I further give my permission to any physician or other qualified medical personnel to administer any and all emergency medical care, which they deem necessary. If I cannot be reached, I give my permission for any advisable medical services provided, and agree to accept liability for payment of those services.

MEDICATION AGREEMENT

I hereby request and give my permission to Camp Ember staff to administer medication to my child. I understand that it is my responsibility to provide the medication in the original pharmacy/or physician labeled container that has the correct medication dosage identified for my student. I also understand the camp may not alter or change any medications from their original form (cut or half pills, etc.)

Any prescription changes will require an additional signed and completed Medication Agreement.

_____

Print Name of Parent / Guardian

_____ _____

Signature of Parent / Guardian *Date*

Who will be picking up your student?

Contact Name			
Relationship			
Cell Phone		**Email**	

CAMP EMBER

STUDENT EMERGENCY CARD

Parent / Guardian
Information For You To Keep

Pick up Information:

Sunday, June 8, 2025 at 12:00 Noon
West Metro Fire Rescue Training & Event Center
3535 S. Kipling Street
Lakewood, Colorado 80235

In the event of an emergency please contact:
Marina Tricarico at 720-936-8095
Brooke Elder at 303-570-0493
Lakota Beckhorn at 302-547-3244