

Illinois MakerLab

515 East Gregory Drive, BIF Room 3030 | Champaign, IL 61820
Email: uimakerlab@illinois.edu | Web: makerlab.illinois.edu

EMERGENCY CONTACT AND MEDICAL INFORMATION

Only one form needs to be submitted per camper if registering for multiple camps. Please complete and return this form by one of the following methods:

Email:

uimakerlab@illinois.edu

Mail:

Illinois MakerLab
515 East Gregory Drive, BIF
Room 3030
Champaign, IL 61820

In Person:

Bring it with you the
first day of camp

CAMPER INFORMATION

NAME: _____

ADDRESS: _____

Number / Street

City

State Zip Code

AGE: _____ **GENDER:** _____ **DATE OF BIRTH:** ____/____/____

PARENT / GUARDIAN / OTHER

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

Number / Street

City

State Zip Code

EMAIL: _____

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

Number / Street

City

State Zip Code

EMAIL: _____

HEALTH INFORMATION STATEMENT

Check below and provide any information you feel the staff may need to maximize the safety and the well-being of the attendee. In case of emergency, this health information may be the only source of accurate important information. This information is confidential.

☐ Nervous or Mental (epilepsy, emotional stress, convulsion)

☐ Lung Disease (asthma, persistent cough, tuberculosis)

☐ Hay Fever or Allergies _____

☐ Allergy to Medicines (including penicillin, tetanus) _____

☐ Impaired Sight or Hearing, Chronic Ear Infections _____

☐ Recent Surgical Operations, Accidents or Injuries _____

☐ Diabetes, Heart Disease, or Blood Disorder _____

☐ Other Medical Conditions _____

Current Medications: _____

Family Physician: _____ **Email:** _____

Signature of Parent/Guardian of Minor (under 18)

Date