

# Illinois MakerLab

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

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## 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