

- [] Impaired Sight or Hearing, Chronic Ear Infections _____
- [] Recent Surgical Operations, Accidents or Injuries _____
- [] Skin Disease _____
- [] Allergy to Foods _____
- [] Does the Camper Wear Glasses? YES [] NO [] SOMETIMES []
- [] Does the Camper Wear Contact Lenses? YES [] NO []
- [] Date of last TETANUS BOOSTER _____
- [] Other conditions program staff should be aware of _____
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INSURANCE INFORMATION:

FAMILY DOCTOR'S NAME: _____

CLINIC/HOSPITAL NAME: _____

CITY/STATE: _____ PHONE: (____) _____

HEALTH INSURANCE PROVIDER:

Name: _____

Address: _____
City / State / Zip Code

NAME OF POLICY HOLDER: _____ DATE OF BIRTH: ____/____/____

POLICY NUMBER: _____

- As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be sought. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give my permission for medical treatment, as recommended by an attending physician.
- I approve the release of medical information to the CU Community Fab Lab Camp Staff and any treating physician.
- I approve the release of insurance information to the health care provider (doctor, hospital of my child).
- I approve the health care provider to release information to the insurance company.
- I approve benefits from my insurance are payable to the health care provider.
- I also understand the \$1,000 maximum accident coverage in effect while at the University of Illinois campus does not cover pre-existing conditions, self-inflicted injuries, or illnesses. Medical treatment must be rendered and claims must be submitted within 45 days of the conclusion of the camp.
- If the benefits are paid directly to me, I will pay the health care provider.
- I verify the above information is correct to the best of my knowledge.
- My signature verifies the above information to be correct to the best of my knowledge.

SIGNATURE: _____ DATE: _____
(Parent or Guardian)

Parents/Guardians must complete and sign this form in order to finalize a camper's registration and allow participation in camp activities. A doctor's physical exam is not necessary--only general medical information is required.