



CU COMMUNITY FAB LAB

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:

communityfablab@gmail.com



Mail:

CUC Fab Lab
1301 S Goodwin Ave,
Urbana, IL 61801



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

DAYTIME PHONE:() _____ MOBILE PHONE:() _____

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

Number / Street

City

State

Zip Code

DAYTIME PHONE:() _____ MOBILE PHONE:() _____

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. To the right of the condition statement is space for more information relating to the condition checked. Please be specific. 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 _____

[] 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 _____

INSURANCE INFORMATION:

DOCTOR'S NAME: _____
CLINIC/HOSPITAL NAME: _____
CITY/STATE: _____ PHONE: () _____

HEALTH INSURANCE PROVIDER:

NAME: _____
ADDRESS: _____
Number / Street City State Zip Code
NAME OF POLICY HOLDER: _____ DATE OF BIRTH: ____/____/____
POLICY NUMBER: _____

INITIAL HERE _____ 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.

INITIAL HERE _____ I approve the release of medical information to the CU Community Fab Lab Camp Staff and any treating physician.

INITIAL HERE _____ I approve the release of insurance information to the health care provider (doctor, hospital of my child).

INITIAL HERE _____ I approve the health care provider to release information to the insurance company.

INITIAL HERE _____ I approve benefits from my insurance are payable to the health care provider.

INITIAL HERE _____ 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.

INITIAL HERE _____ If the benefits are paid directly to me, I will pay the health care provider.

INITIAL HERE _____ I verify the above information is correct to the best of my knowledge.

INITIAL HERE _____ My signature verifies the above information to be correct to the best of my knowledge.

SIGN HERE
SIGNATURE: _____ DATE: _____

(Parent or Guardian)

Parents/Guardians must complete and sign this form 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.

Name of Participant _____

WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

WAVIER

In consideration of being permitted to participate in any way in Fab Lab Programs taking place at the CU Community Fab Lab on the University of Illinois campus, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Board of Trustees of the University of Illinois and it respective officers, employees, and agents from liability from any and all claims including those which result in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in CU Community Fab Lab Programs.

 SIGN HERE

Signature of Parent/Guardian of Minor (under 18)

Date

ASSUMPTION OF RISKS

The CU Community Fab Lab has several safety guidelines for using equipment in the lab, which if followed, result in safe enjoyment of the facilities. However, participation in fabrication workshops carries with it certain inherent risks that cannot be completely eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as small cuts, scratches, or burns, to 2) major injuries such as eye injury or loss of sight, cuts, and burns. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in use of the CU Community Fab Lab. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

INDEMNIFICATION AND HOLD HARMLESS

I also agree to INDEMNIFY AND HOLD the Board of Trustees of the University of Illinois HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my involvement in CU Community Fab Lab Programs and to reimburse it for any such expenses incurred.

ACKNOWLEDGEMENT OF UNDERSTANDING

I have read this waiver of liability, assumption of risk, and indemnity agreement, fully and understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

 SIGN HERE

Signature of Parent/Guardian of Minor (under 18)

Date



CU COMMUNITY FAB LAB

VIDEO/PHOTOGRAPH RELEASE

I, _____, the parent or legal guardian of
_____, hereby give consent for my child's,

photograph (please check each box for which you give consent)

video

to be recorded in the course of participating in _____ at the Champaign-Urbana Community Fab Lab, under the general supervision and direction of Lisa Bievenue. I understand that these photographs or video footage may be used for illustrative or informational purposes on the organization website (cucfablab.org), Facebook Group (facebook.com/CUCfablab/), Instagram (instagram.com/cucfablab/), or in publications. I understand that my child will not be identified by name. I understand that I can contact the Fab Lab coordinator at any time at the address, phone number, and/or email given below if I have any questions.

 SIGN HERE

Signature of Parent/Guardian

Date

Signature of Child Participant

Date



Signature of Informatics Representative

Lisa Bievenue
Director of Informatics Programs
Illinois Informatics
614 E. Daniel St., Fourth floor
Champaign, IL 61820
Telephone: (217) 333-8426
Email: bievenue@illinois.edu