

UNIVERSITY OF ILLINOIS at URBANA-CHAMPAIGN EMERGENCY MEDICAL INFORMATION

(*Sport Camp & Clinics Fax Number – 217-265-8122)

(Please list the SPORT / CAMP NAME / CAMP DATES for each session in which the camper is currently registered)

SPORT: _____ CAMP NAME: _____ CAMP DATES: _____

SPORT: _____ CAMP NAME: _____ CAMP DATES: _____

***CAMPER INFORMATION:**

NAME: _____

HOME ADDRESS: _____
Number / Street City State / Zip Code

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

SCHOOL NAME: _____ + _____

***PARENT/GUARDIAN/OTHER:**

NAME: _____ Relationship: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____

HOME ADDRESS: _____
Number / Street City State / Zip Code

***EMERGENCY CONTACT:**

NAME: _____ Relationship: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____

HOME ADDRESS: _____
Number / Street City State / Zip Code

***HEALTH INFORMATION STATEMENT:**

Check below 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.

[Y] [N] Are you fully COVID-19 vaccinated? (*Yes, is defined by 14 days after your final shot).
Where did you get vaccinated (county and state) _____

[Y] [N] History of Head Injuries or Concussions _____

[Y] [N] Spinal or Nervous System Disease or Injuries (epilepsy, other) _____

[Y] [N] Mental Health Related Challenges (depression, anxiety, other) _____

[Y] [N] Lung Disease (asthma, persistent cough, tuberculosis) _____

[Y] [N] Disease of Heart or Blood Vessels, Increased or Abnormal Blood Pressure _____

[Y] [N] Pain in Chest or Shortness of Breath (heart murmur, rheumatic fever) _____

[Y] [N] Stomach or Intestinal Trouble (ulcers, gall bladder or liver disorder, jaundice, hernia, colitis) _____

Parents/Guardians must complete and sign this form in order to finalize a campers registration and allow participation in camp activities

A doctor's physical exam is not necessary--only general medical information is required

[Y] [N] Arthritis, Kidney or Bladder Disease _____
 [Y] [N] Hay Fever or Allergies _____
 [Y] [N] Allergy to Medicines (including penicillin, tetanus) _____
 [Y] [N] Impaired Sight or Hearing, Chronic Ear Infections _____

[Y] [N] Recent Surgical Operations, Accidents or Injuries _____

[Y] [N] Any Infectious Disease _____
 [Y] [N] Skin Disease _____
 [Y] [N] Allergy to Foods _____
 [Y] [N] Diabetes _____
 [Y] [N] Sickle Cell Anemia or Sickle Cell Trait Positive _____
 [Y] [N] Currently taking Medicines (list names and doses) _____

[Y] [N] Medication that needs refrigeration _____

[Y] [N] Under on-going care of Physician (NAME/PHONE #) for chronic/recurring problem _____

[Y] [N] Do You Wear Glasses? _____
 [Y] [N] Do You Wear Contact Lenses? _____
 [Y] [N] Date of last TETANUS BOOSTER _____
 [Y] [N] Significant Orthopedic and/or Neuromuscular Impairment (e.g. loss of limb, spinal cord injury) _____

[Y] [N] Other Concerning Physical, Mental, or Emotional Health Challenges that staff should be aware of: _____

***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: _____ GROUP NUMBER: _____

>>Does your insurance company require any special instructions, procedures, or requirements?

- 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 University of Illinois Sports Medicine 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.
- My signature verifies the above information to be correct to the best of my knowledge.
- **I understand that the University of Illinois has the right to refuse my participation based on information collected on this form and or through other sources.**

SIGNATURE: _____ **DATE:** _____
 (Parent or Guardian)

CAMPER'S SIGNATURE: _____ **DATE:** _____
 (if over 18 years old)

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

UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN SUMMER CAMP COVID-19 AGREEMENT

CAMPER NAME: _____

*SPORT(s): _____

*CAMP NAME (s): _____

*CAMP DATE(s): _____

***Please note All CAMPS you are planning to attend.**

In consideration of the opportunity for the camper to participate in a camp at the University of Illinois Urbana-Champaign, I agree to the following:

- The camper will complete any COVID-19 screenings as required by the University of Illinois prior to participation in the camp.
- The camper will abide by the recommended guidance and protective measures related to COVID-19 issued by public health authorities, including the Centers for Disease Control (CDC) and the Illinois Department of Public Health (IDPH), applicable Executive Orders related to COVID-19, applicable Restore Illinois Plan guidance, and any COVID-19 management guidelines of the University of Illinois, including but not limited to those related to social distancing, face coverings, and quarantine.
- The University of Illinois has the right to refuse the camper's participation if the camper does not comply with the recommended guidance and protective measures related to COVID-19 issued by public health authorities, including the CDC and the IDPH, applicable Executive Orders related to COVID-19, applicable Restore Illinois Plan guidance, and any COVID-19 management guidelines of the University of Illinois.
- The camper will report symptoms of any illness, including COVID-19, any known exposure to COVID-19 and any positive test for COVID-19 to the camp coordinator and/or camp staff.
- The camper will not attend camp if the camper has COVID-19 symptoms, a known exposure to COVID-19 or tested positive for COVID-19 until the camper completes all applicable requirements and recommendations by public health authorities and the University of Illinois, including but not limited to those related to quarantine and testing.
- I am aware that not all persons with COVID-19 are symptomatic. I acknowledge that no action can be taken to entirely prevent the spread of COVID-19 or to ensure that the camper will not get sick with COVID-19. I knowingly and voluntarily assume the risks inherent to participation in any camp, including the risk of exposure to COVID-19.

By my signature below, I certify that I have read, fully understand and freely and voluntarily agree to the terms in this Summer Camp COVID-19 Agreement.

SIGNATURE: _____ DATE: _____
(Parent or Guardian)

CAMPER'S SIGNATURE: _____ DATE: _____
(If 18 years of age or older)

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