

Academic Camp Medical Release Form 2017

Parents or Guardians: this form must be filled out, signed and returned to continuing education and outreach at least five (5) business days prior to the beginning of camp in order for your child to attend.

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|-------------------------|---|-------------------------|
| Architecture | Girls in Engineering, Science, Technology & Agriculture | Android App |
| Art Camps | Girls Make Movies | TV News |
| Challenge to Excellence | LEGO® Session #: _____ | Summer Wings |
| Cooperative Youth | NASA Wings | Young Writer's Workshop |
| | | Other (please specify): |

Camp Participant's Name (please print): _____

Participant's Date of Birth (MM/DD/YYYY): _____

Parent/Guardian: I give permission for my child to be treated by the appropriate medical personnel for any illness/accident while at camp.

I can be reached at:

Day: _____

Evening: _____

Cell: _____

Home Address: _____

City, State, Zip: _____

Please indicate any special medical problems (medicine, injury, allergies) of which we should be aware:

Parent/Guardian's Name (please print): _____

Signature of Parent/Guardian: _____

Date: _____

I grant permission to the Board of Trustees of Southern Illinois University and its agents to make, use, copyright and publish news stories, still photographs and/or video or audio recordings. I grant the right and permission to use the material, including reproduction in publicity releases, slide productions, Web site, publications, television productions or any other media. I also grant permission for representatives of news media to photograph/video my child for use in news stories about camp activities.

Participant's signature _____ Date _____

Parent/Guardian's signature _____ Date _____

MEDICAL RELEASE REQUIRED

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PHOTO RELEASE

OPTIONAL

Return this form to:

Conference and Scheduling Services
Mail Code 6705
Southern Illinois University Carbondale
Carbondale, IL 62901
FAX: (618) 453-5680 (24 hours)
PHONE: (618) 536-7751
conferenceservices@siu.edu

