

2024 Camp Medical Release

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

Please check the camp(s) your child will be attending.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Accountancy (SOAR) | <input type="checkbox"/> Basketball | <input type="checkbox"/> Lego Camps | <input type="checkbox"/> SIU Music Camp |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Challenge to Excellence | <input type="checkbox"/> Pathways to Saluki Medicine | <input type="checkbox"/> Summer Strings |
| <input type="checkbox"/> Art Camp | <input type="checkbox"/> Junior Aviator | <input type="checkbox"/> Piano Camp | <input type="checkbox"/> Summer Wings |
| <input type="checkbox"/> Baseball | | | |
| <input type="checkbox"/> Other (please specify): <input style="width: 680px; height: 20px;" type="text"/> | | | |

MEDICAL RELEASE – INFORMATION REQUIRED

Participant's Name: _____

Participant's Date of Birth: ____/____/____

Parent/Guardian:

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

ATHLETIC CAMPS ONLY: I verify that my child has received a physical examination (within the last year) and is able to participate in an athletics/sports camp.

I can be reached at:

Day: _____

Evening: _____

Home Address: _____

City/State/Zip: _____

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

Does the participant have a disability that needs reasonable accommodation? If yes, please explain: _____

Does the participant have any dietary restrictions? Vegetarian Gluten-Free Vegan

Food Allergy/Other (list below) _____

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

Signature of Parent/Guardian: _____ **Date:** _____

MEDICAL RELEASE – INFORMATION REQUIRED

PHOTO RELEASE

I grant permission to the Board of Trustees of Southern Illinois University and its agents to make, use, copyright and publish news stories, photographs, 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 Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

OPTIONAL

Return this form to:
 Events and Outreach
 Southern Illinois University, MC 6705
 1265 Lincoln Drive, Room 15
 Carbondale, IL 62901
 PH: 618-536-7751 FAX: 618-453-5680 (24 hrs)
conferenceservices@siu.edu

