

Academic Camp Medical Release Form 2018

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.

- | | | | |
|----------------------------|--|--------------------|-------------------------|
| Architecture | Girls in Technology, Engineering, Science and Math | TV News | Other (please specify): |
| Art Camp | Mindfulness Camp | Summer Wings | |
| Challenge to Excellence I | LEGO® Session #: | Writer's in Common | |
| Challenge to Excellence II | NASA Wings | | |

MEDICAL RELEASE REQUIRED

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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: _____

PHOTO RELEASE

OPTIONAL

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 _____

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

