

# 2019 Camp Medical Release Form

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

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

- |  |  |  |   |
|--|--|--|---|
| <input type="radio"/> Architecture               | <input type="radio"/> Girls in Tech/Eng/Science/Math | <input type="radio"/> NASA Wings         | <input type="radio"/> Baseball                |
| <input type="radio"/> Art Camp                   | <input type="radio"/> Mindfulness Camp               | <input type="radio"/> Summer Wings       | <input type="radio"/> Track & Field Throws    |
| <input type="radio"/> Challenge to Excellence I  | <input type="radio"/> LEGO® Session #:               | <input type="radio"/> Writer's in Common | <input type="radio"/> Cross country           |
| <input type="radio"/> Challenge to Excellence II |  |  | <input type="radio"/> Other (please specify): |

MEDICAL RELEASE REQUIRED

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Participant's Name (please print): \_\_\_\_\_

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: \_\_\_\_\_

Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Please indicate any special medical problems (medicine, injury, allergies or conditions) 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

