

Medical Release Form

Parents or Guardians: Please fill out, sign and return this form to the address at the bottom. **The medical release portion is required and must be returned prior to the beginning of the camp;** however, the photo release portion is optional.

Child's Name (please print): _____

Child's Date of Birth: _____

Parent/Guardian: I verify that my child has received a physical examination 2015-2016 and is able to participate in an athletics/sports camp. 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: _____

MEDICAL RELEASE — REQUIRED

MEDICAL RELEASE — 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, 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, website 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.

Signature of Parent/Guardian: _____ Date: _____

OPTIONAL

THIS FORM **MUST BE RETURNED TO**
PRIOR TO THE BEGINNING OF CAMP IN ORDER FOR YOUR CHILD TO ATTEND.

Please fax or mail this form to:

1490 Douglas Drive
Mail Code 6620
Carbondale, IL 62901
Office:
Fax: