

Dear Parents or Guardians:

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

## Academic Camp Medical Release Form 2009

Please indicate name of camp: \_\_\_\_\_

MEDICAL RELEASE - REQUIRED

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

**Parent/Guardian:** I give my 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: \_\_\_\_\_

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

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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

\_\_\_\_\_

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 signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS FORM MUST BE RETURNED TO CAMPCEO OFFICE BY JUNE 15, 2009 IN ORDER FOR YOUR CHILD TO ATTEND.**

Please fax or mail this form to the address listed below.

CampCEO

Southern Illinois University

150 East Pleasant Hill Road

Carbondale, IL 62903

FAX: (618) 453-5040 (24 hours)

PHONE: (618) 453-3805