

Sibs & Kids Medical Release Form 2017

Parents or Guardians: this form must be filled out, signed and returned to Office of Student Engagement at least five (5) business days prior to the beginning of Sibbs & Kids Day in order for your child to attend.

MEDICAL RELEASE REQUIRED	Camp Participant's Name (please print): _____	MEDICAL RELEASE REQUIRED
	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): _____	OPTIONAL	
Signature of Parent/Guardian: _____		
Date: _____		
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, 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:

Office of Student Engagement
Mail Code 4428
Southern Illinois University Carbondale
Carbondale, IL 62901
FAX: (618) 453-7518 (24 hours)
PHONE: (618) 536-3393



Or

Scan Signed form and Email:
FamilyWeekend@siu.edu