

**Seguin ISD Summer Camp Emergency Information and Photo/Video Release Form**

Student Name \_\_\_\_\_ Camp \_\_\_\_\_

In case of emergency, contact:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Alternate Contact Name \_\_\_\_\_

Alternate Contact Phone \_\_\_\_\_

Physician Name \_\_\_\_\_

Physician Phone \_\_\_\_\_

Are there any allergies or medical conditions that camp directors should be aware of?

---

---

Seguin ISD may take photos/videos of camp activities to share through the district website, district social media, or in promotional productions for future camps. Please sign below to grant permission to use your student's image in these district multimedia productions.

I grant SISD staff permission to use photos/videos of my student on the district website, social media, or multimedia productions.

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