



My child \_\_\_\_\_ has permission to participate in all aspects of the program at Good Earth Village. I hereby give my permission to the medical personnel selected by the camp staff to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray or surgery for my child as named above. Good Earth Village will make every effort to contact me if my child needs emergency medical and/or surgical treatment. I understand that my insurance has primary coverage and Good Earth Village is secondary. I hereby give permission for my child to participate in trips offsite in camp vehicles, including but not limited to canoeing, overnight offsite camping, and trips to a local swimming pool during the camp week. I also give permission for pictures and video taken of my child to be used for promotional purposes.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_