



Please review the following Good Medicine Camp policies. After reviewing, sign the form to indicate you accept and understand the policies. PLEASE BRING THIS FORM TO THE FIRST DAY OF CAMP.

Cancellation policy

*Cancellations and changes must be made at least 10 days before the first day of camp. A \$75 cancellation fee applies. Refunds cannot be issued for cancellations made later than 10 days before the first day of camp.

Authorization and Consent for Medical Care

If, in the opinion of Good Medicine Staff, immediate medical attention is necessary for my child, I do hereby authorize Good Medicine to take such action as it deems reasonable and appropriate under the circumstances. I do further authorize and consent to the administration of treatment deemed necessary and appropriate by the responding emergency medical technicians and to such treatment deemed medically appropriate and necessary by licensed physicians or other health care professionals called upon to provide emergency care to my child. In the event of a medical emergency Good Medicine Staff will attempt to promptly notify by telephone the Emergency Contact.

Good Medicine Medication Policy

I understand that if my child requires medication (prescription or over-the-counter) during the time that he/she is under Good Medicine’s supervision, I will provide the medication in the original container with my child’s name, the name of the medication, any directions, and/or special precautions. I also understand that Good Medicine Staff cannot hold or administer any medications to a camper but can observe them taking the medication on their own.

Good Medicine Peanut Policy

For participant safety, we ask you to **not bring** any peanut products in packed snacks during camps, workshops and other programs.

Good Medicine Camper Code of Conduct

Good Medicine’s Wizard Unite Camp is a fun, safe environment which encourages children to express their imagination through theater games, physicality and innovative storytelling. Campers will be expected to respect the rules of camp, directions of the Camp Teachers, Good Medicine materials and fellow campers.

Good Medicine Camp Release

My camper has my permission to participate in all of the Good Medicine activities. I agree to hold Good Medicine free and harmless from damages to property or injury sustained by participation resulting from the operation of this program.

Good Medicine PHOTO/TV RELEASE

I hereby give permission to allow my camper to be photographed or videotaped by Good Medicine or local broadcast or print media for promotional use by Good Medicine Productions. I understand that my signature allows my camper to be photographed or videotaped by Good Medicine and local media who may rebroadcast and print these images in their newscasts, website, paper, brochures, flyers, publications, and videos including use Good Medicine’s Website, Facebook, Instagram, Twitter and YouTube channels. I acknowledge I am receiving no compensation, financial or otherwise, in exchange for the use of this image.

By checking this box, I DO NOT WANT MY CHILD PHOTOGRAPHED and choose to **opt out** of the photo/TV release.

I have read and accept all of the Good Medicine Camp Policies.

Name of Parent/Guardian (Print)

Name of Child/Children

Signature of Parent/Guardian (Sign)

Date