

2021 AG Explore Camp Medical & Photo Consent

Last Name		First Name	
Medical Consent:			
In case of emergency, please grant yo	our permission for us to seek med	dical treatment for your	child:
Print Name (Parent/Guardian)	Signature (Parent/G	Signature (Parent/Guardian)	
Will your child need to take medica	ation during camp hours?	□Yes □No	
hours an Authorization for Med	Procedure: JGCD-P, if medicine is to lication for a Student at School Form ealth care provider. This form is avail ispensed without this form.	n must be completed and	signed
Photo Consent: At various times during the school year, and a variety of media outlets request publish, broadcast or use these material work products. If you consent and grant your school, GCS/its partners or electron	ermission to film, video tape and pho s, which often include images and de t permission for your child's likeness	otograph our schools. The epictions of students, as v or work products to be u	ey subsequently vell as student
Photo Consent: I do consent and allow GCS/its partners and the media. I also a year book).			
Child's Name	Parent's Signature		Date
No Photo Consent: I do <u>NOT</u> consent no school, GCS/its partners and the media (•	• • • •	ed for use by my
Child's Name	Parent's Signature		Date

Completed Medical and Photo Consent Form DUE on the 1st Day of Camp

Camp staffers will collect this form from your vehicle in the car rider line on the morning of July 12^{th.} Bus riders will need to present this form to their Session 1 teacher on July 12^{th.}