Deep Portage Permission/Liability Form

Participant Name ________________________________ Date of Birth ___/___/_______

School/Group Name___________________________ Trip Dates _____________________

Participant is a: ☐ Student ☐ Parent ☐ Teacher ☐ Other _________________

Assumption of Risk and Liability Release

As a participant or parent/guardian of the above-named child in the youth program at Deep Portage Learning Center, I acknowledge and am aware that this program involves certain inherent risks, which I accept. These risks may include (but are not limited to) physical injury, emotional injury, tick-borne illness, paralysis, permanent disability, illness, death or property damage due to walking on uneven trails in various weather conditions, canoeing, rock climbing, cross-country skiing, snowshoeing, being transported by vehicles to activities, hiking, field games, weather, and other peoples' actions. Following appropriate medical consultation, I hereby certify that I am/my child is fully capable of participating in the activities. I understand some risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.

In the event of an emergency, I authorize treatment and/or transportation by my school's staff, Deep Portage staff, and emergency medical personnel. I give my permission for the prescription and nonprescription medications listed in the medical information section of this form to be administered by designated school staff. I understand that I am financially responsible for all medical charges incurred on behalf of my dependents or myself. I authorize the health care provider to release all information needed to secure payment of benefits, and I authorize the use of this signature on all insurance claims for myself and/or my dependent.

Accordingly, I hereby release Deep Portage Learning Center, including all their personnel, agents, affiliates, staff and directors, from any and all claims and liabilities with respect to injury, sickness, disease, loss or damage sustained by the above-named child or myself. This release applies to any and all liabilities to my estate, of any description, or me whether arising from ordinary negligence or otherwise, and whether involving fees and expenses of any kind. In the event that some other person or entity seeks compensation for these released liabilities, my estate, or I will indemnify and hold harmless the above noted group and Deep Portage Learning Center for all sums incurred in response to that claim. This release is to be interpreted and enforced under Minnesota law.

Media Release

☐ Yes ☐ No Do you give permission for photos and/or videos of your child to be used for the Deep Portage website, social media, or other promotional materials?

Participant or Parent/Guardian Signature ____ Date______________

Parent/Guardian Name (Printed)____

Address ____

City____

State____ Zip _________________________

Email _____________________________________ Phone _______________________

Deep Portage Health Form

Student Name ___________________________________ Date of Birth ____/____/_________

Parent/Guardian Name____

Home Phone ______________ Cell Phone _______________ Work Phone _____________

Home Address ____

City ____ State __________ Zip ____________

Name of Health Insurance __________________________ Policy Number______________

Physician ____

Clinic Name _______________________________ Clinic Phone ________________________

Emergency Contact Name _________________________ Phone _______________________

CURRENT HEALTH INFORMATION

☐ Asthma: List triggers: Does child carry inhaler? ☐ Yes ☐ No ☐
☐ Diabetes:
☐ Allergies: List: Does child carry epinephrine? ☐ Yes ☐ No ☐
☐ Bleeding Disorder:
☐ Seizures: List medications and when used
☐ Muscle-Bone-Joint condition:
☐ Activity Restrictions:
☐ Heart condition:
☐ Sleep Problems: ☐ bedwetting ☐ sleepwalking ☐ other:
☐ Other: Describe. Use extra sheet if necessary.
Date of last tetanus booster:

CURRENT MEDICATIONS

Please list all prescription and over-the-counter medication your child will be taking while at Deep Portage. Include inhalers, nebulizers, ADHD medications, Tylenol, etc. Use extra sheet if necessary. All prescription medication must be in a current pharmacy labeled bottle.

Medication #1:
Name of Medication: _____________________ Reason given:________________________
Dose: _________________________ Time given: ___________________________________
Name of physician prescribing medication ________________ Phone _______________

Medication #2:
Name of Medication: _____________________ Reason given:________________________
Dose: _________________________ Time given: ___________________________________
Name of physician prescribing medication ________________ Phone _______________

Medication #3:
Name of Medication: _____________________ Reason given:________________________
Dose: _________________________ Time given: ___________________________________
Name of physician prescribing medication ________________ Phone _______________