



Storming in the Woods of Deep Portage

April 26th-28th your children will be experiencing 3 days and 2 nights at Minnesota's largest outdoor classroom—Deep Portage. Deep Portage is an environmental learning center located near Hackensack in northern Minnesota. Deep Portage is located on 6,307 acres of beautiful glacial hills, lakes, rivers and bogs. The landscape is heavy with aspen and the occasional pine trees. The lodge is a 27 room building, sectioned into 6 different wings.

While at Deep Portage, students will start each day with homemade breakfast by the Deep Portage staff. After breakfast, students will be active participants in learning activities. Some of the activities your child may experience are canoeing, bog walks, rock climbing, orienteering, archery and many more. After a hearty supper, students will go back outside for night games and a campfire. The night ends with a snack, a little free time and “bunk time” to relive the day. If you would like to know more about Deep Portage, please visit their website www.deep-portage.org.

How do I get my child signed up for Deep Portage?

- 1—Fill out and return the attached medical form by Nov. 1st
- 2—Go online to your skyward account or bring your payment (\$75) by Dec 1st
www.isd47org/feepayment
- 3—Buy your Deep Portage shirt for \$5 before Dec. 1st (optional-click on-add charges)

Our goal is to have every student experience Deep Portage. If you are interested in a payment plan or scholarship, please inquire in the main office.

Special thanks to the PV PTAC, their generous contribution has **cut** every student's family cost in **half!** Please support what they do!

Thank you,
PV Fifth Grade

DEEP PORTAGE HEALTH AND PERMISSION FORM

Student Name _____ Date of Birth _____ Age _____

Parent or Guardian Name _____

Home Phone _____ Work Phone _____

Home Address _____

City _____ State _____ Zip _____

Name of Health Insurance _____ Policy Number _____

Physician _____

Clinic Name _____ Clinic Phone _____

Current Health Information: *please answer all questions that apply to the above student.*

- Asthma:** List triggers _____ Treatment currently used? _____
- Diabetes:** please use the back of this form to describe insulin, snacks, and when to call you.
- Special dietary regimen or food allergies:** please describe _____
- Other allergies:** list _____ Does child carry epinephrine? _____
- Bleeding disorder:** please describe _____ What is the treatment? _____
- Seizures:** list all medications and when used _____
- Muscle-Bone-Joint condition:** list _____ What is the treatment _____
- Activity restrictions:** describe _____
- Heart condition:** describe _____
- Sleep problems:** bedwetting sleep-walking other _____
- Other:** describe _____
- Date of last tetanus booster** _____

Current Medications:

Please list all prescription medication your child will be taking while at Deep Portage.

Include inhalers, nebulizer, ritalin, etc. Use back of form in needed.

All prescription medication must be in a current pharmacy labeled bottle.

- Medication #1:** Name of medication _____
Reason given _____
Amount given _____ Time given _____
Name of physician prescribing medication _____ Phone _____
- Medication #2:** Name of medication _____
Reason given _____
Amount given _____ Time given _____
Name of physician prescribing medication _____ Phone _____
- Will take an over-the-counter medication at Deep Portage**
Name of medication: (Include Tylenol, Ibuprofen, Sudafed) _____
Reason given _____
Amount given _____ Time given _____

All medication must be sent from home in the original over-the-counter container

No aspirin will be given. Child will receive only the recommended dose.

Please turn the form over and continue...

DEEP PORTAGE HEALTH AND PERMISSION FORM

Permission and Emergency Authorization for the Above Named Student:

- 1) The student has my permission to participate in Deep Portage.
- 2) Staff has my permission to give my child the above medications.
- 3) Deep Portage staff has permission to transport the student for educational and/or emergency reasons
- 4) Permission is granted, in a medical emergency, to the physician selected by the student's teacher or Deep Portage Staff to hospitalize, secure treatment for, and/or order injection, anesthesia, or surgery for student. I understand every effort will be made to reach me at the phone numbers listed above or if I can't be reached call:

Name: _____ Phone: _____

Directions to the contrary or additional health information must be attached to this form.

- 5) I believe all precautions will be taken for student care and supervision. I will not hold Deep Portage Staff, teachers, or chaperones responsible.

Signature of Parent or Guardian _____ Date _____

SPACE FOR ADDITIONAL INFORMATION:

Deep Portage Checklist:

Health Form completely filled out (including date of Tetanus booster)

Returned to classroom teacher

Payment made online www.isd47.org/feepayment

Purchased Deep Portage Shirt www.isd47.org/feepayment

Opportunities:

Please consider me to chaperone this trip. I understand that I will have to ride the bus to and from Deep Portage and will be chaperoning students Wednesday, Thursday, and Friday at 2:30pm. (checking this indicates interest, teachers will confirm and notify chaperones after Winter break)

I have sent \$_____ to be used for other students to attend Deep Portage.