



**DEEP PORTAGE**

Learning Center

## **Deep Portage Participation and Medical Agreement**

I give Deep Portage permission for my child to participate in Deep Portage summer camp sessions and all activities that take place during the camp, including the indoor climbing wall.

I give permission for my child to be transported and/or hospitalized in case of emergency.

I give Deep Portage permission for my camper's medications to be administered by Deep Portage staff.

Camper Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

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