

Coleman Middle School

Field Trip/School Activity Permission Form

This will give my child _____ permission to participate in a walking field trip during camp: *(Student Name)* *(Student Number)*

Activity: **Coleman Summer STEAM Camp**

Place: **Downtown Duluth**

Teacher in Charge: **Sheila Harmony, STEAM Coordinator, Kelley Donovan, Humanities Lead, Kathy Schmidt, Media Specialist**

Describe any special allergies or medical problems of which we should be aware:

Describe any medication your child will be taking, including medicine name and possible side effects:

I agree to assume responsibility for any unforeseen accident that might occur during travel or participation in this activity. I also authorize any emergency medical treatment that may be necessary. I further recognize that students on school activities/trips must adhere to the same code of behavior as if they were on the school campus and are to follow instructions of teachers, sponsors, or chaperones.

Parent's Name: (Print) _____ Parent's Signature: _____

Home Address: _____ Contact Phone: _____

Person to Contact in Emergency: _____

Emergency Phone: _____