

Clairton City School District



School Health Services
501 Waddell Avenue
Clairton, PA 15025
(412) 233-9200 ext. 1124
Fax: (412) 233-4590

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Field Trip Medical Permission Form

My child _____ is permitted to attend the Clairton City School
District field trip to _____ on _____.

I am aware that all of the rules of the Clairton City School District are in full effect and agree to abide by
them.

**Permission is granted to authorize medical care in the event of a medical emergency when the
parent/guardian cannot be reached.**

Parent/Guardian Date

Medical and Emergency Information:

Emergency Contact: _____ Relationship: _____ Phone # _____

Emergency Contact: _____ Relationship: _____ Phone # _____

Medical Conditions _____

Allergies: _____

Doctor's Name _____ Phone # _____

Are you sending medicine on this trip? No Yes _____

Dosing Instructions: _____

- No medicine will be given without written instructions from your doctor. This includes any type of over-the-counter and prescription medicine.
- Medicine must be given to the trip sponsor in the original, labeled pharmacy or manufacturer's container. Remove all extra pills from the bottle and keep them at home. The empty bottle will be returned to you.

The Clairton City School District is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, religion, sex, handicap, or limited English proficiency in its activities, programs, or employment practices as required by the PA Human Relations Act, Title IX, and Section 504. For information regarding civil rights or grievance procedures, contact Debra A Maurizio, Title IX Coordinator, and Section 504 Coordinator at the Administration Building, 502 Mitchell Avenue, Clairton, Pa 15025 (412) 233-7090 ext. 2300. The Pennsylvania Human Relations Commission website is www.phrc.state.pa.us.

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