

Clairton City School District



Clairton Elementary School

501 Waddell Avenue

Clairton, PA 15025

(412) 233-9200, ext. 1050

Fax: (412) 233-4982

PERMISSION SLIP

My child, _____, has my permission to participate

in the following school trip or event to _____ on

____/____/____. Permission is also granted to authorize medical care in the event of a

medical emergency if a parent or guardian cannot be contacted. Students will leaving at

_____ and should return by _____. Transportation will be provided via:

Walking Trip School Van Commercial Bus/Vehicle Private Vehicle _____

Please note: The student is required to secure assignments from teachers and keep up with academic work during this absence. Students are representing the school and community. With this in mind, they are required to dress and behave appropriately.

This form should be returned to _____ by ____/____/____.

Signature of Parent/Guardian

Date

Phone #

Name of Emergency Contact

Relationship/Phone #

My child does/does not (**circle one**) have allergies. If yes, please list. _____

My child will/will not (**circle one**) require any medications during the school trip/event.

If your child requires medication, please list name of drug and dosage. _____
