



CITIZEN SCHOLARS

Student's Name: _____ School District: _____
School: _____ Grade: _____

Supervision is provided by one of the following to all events: Citizen Scholar Staff, Facilitators, Teachers, or Chaperones.

I give permission for my child to participate in any Citizen Scholars field trip, and I understand that he/she will be chaperoned by school personnel and/or other adult volunteers. I also understand that my child must abide by school rules and procedures of the Spartanburg County Public School systems.

Additionally, if I cannot be reached, I understand and agree that my son/daughter may be taken for medical assistance, and I agree that I will be solely responsible for any and all costs incurred as a result. I further agree to indemnify and hold harmless the District & Citizen Scholars Institute, its Board of Trustees, and its employees for any injury or loss that occurs to my child which is not the result of gross negligence by Citizen Scholars personnel.

Student Allergies: _____

Student Medical Issues: _____

Medication: _____

Insurance Provider: _____ Policy Number: _____

Additional Information you would like to provide about Scholar: _____

Please list any physical disabilities:

Emergency Prescription Medical Treatment Form

I, _____ parent/ guardian of _____
give my permission for Citizen Scholars Institute staff/volunteers to treat my child in case of a
medical emergency. I understand that staff will attempt to notify me immediately, but will
provide emergency care to my child as the highest priority. I also give permission to the staff to
administer prescription medicine to my child as indicated below.

Name of medicine 1: _____

Instruction for administration: _____

Name of medicine 2: _____

Instruction for administration: _____

Epi-Pen Inhaler

Instructions for administration: _____

Please list any known allergies or allergic reactions:

I may be contacted at the following telephone numbers:

_____ Home _____ Cell _____ Work

Name of other Emergency Contact: _____

_____ Home _____ Cell _____ Work

**By signing this agreement, you, the parent/ guardian agree that your child may participate
in all activities at Citizen Scholars events and give permission to treat my child in a medical
emergency.**

Signature of parent/guardian

Date

Printed Name of parent/guardian