



Student's name: _____ School District: _____
School: _____

Supervision 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.

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: _____

Name of Insurance: _____ Policy Number: _____

Additional Information you would like to provide about scholar: _____

Signature of parent/legal guardian

Date

Parent/Legal Guardian Name (please print): _____

Parent/Legal Guardian Phone Number: _____

Backup Emergency Contact Name: _____

Backup Emergency Contact Phone Number: _____

Emergency Prescription Medical Treatment Form

I, _____ parent/ guardian of _____
give my permission for the Spartanburg County Foundation 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 _____

Instruction for administration _____

Name of medicine _____

Instructions for administration _____

Please list any known allergies or allergic reactions:

Please list any physical disabilities:

By signing this agreement, you, the parent/ guardian agree that your child may participate in
all activities at Citizen Scholars events sponsored by The Spartanburg County Foundation.

I may be contacted at the following telephone numbers:

_____ Home _____ Cell _____ Work

Name of other Emergency Contact: _____

Telephone numbers:

_____ Home _____ Cell _____ Work

Name of Health Insurance Company _____

Policy Number _____

Medicaid Number _____

(Parent/ Guardian Signature)

(Date)