

Civitas Associates Permission Form

Student's Legal Name: _____

Date of Birth: ____ / ____ / ____

* * *

Name of Parent or Guardian #1: _____

Relationship: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

* * *

Name of Parent or Guardian #2: _____

Relationship: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Other pertinent information about contacting parent or guardian:

PERMISSION

I grant permission for my child, _____, to attend Civitas Associates activities throughout the 2007-2008 school year including the February 15-16, 2008 Conference on Active Citizenship.

Signature of Parent / Guardian: _____

Date: _____

* * *

ALTERNATE TO CONTACT:

Name: _____

Relationship: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

* * *

Name of Physician or Clinic: _____

Address: _____

Does your child wear any dental appliance? _____

Does your child wear contact lenses? _____

Does your child have any medication that must be kept with him or her
at all times? _____If 'Yes', please explain: _____

Has your child any allergies to:

Natural Substances (e.g. Bee Stings) _____

Medications (e.g. aspirin, penicillin) _____

Does your child have any other allergy about which it is important for us to know? _____

If yes, please explain: _____
_____Does your child have any medical condition that would demand the immediate attention
of an adult? _____If yes, please explain: _____
_____Is there any other pertinent medical information which the chaperones of the trip should
know about your child? _____

* * *

I give consent and authorize a representative of the Civitas Associates to obtain, through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he or she is injured or ill in the course of any Civitas Associates activity in the 2007-2008 school year.

Signature of Parent / Guardian: _____

Date: _____

Please return this form to:

Civitas Associates
10845 Olive Blvd., Suite #155
St. Louis, Missouri 63141

(314) 367-6480

Fax: (314) 367-7742

info@civitas-stl.com

www.kidswhothink.org