**345 Lewis & Clark Field Study 2015**

**Permission to Share Medical Forms With Chaperones**

I hereby give my permission to have my child’s medical forms found in the permissions packet for the Field Study to be shared with medically licensed parent chaperones.

I understand that these chaperones might be called upon to dispense my child’s medication in cases where teachers are not available.

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My child’s name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\*NOTE: The district required medication permission form was sent home on a back-to-back sheet with the above release copied on the second side. The district form can be obtained in the office.