

EXHIBIT 45

**LARAMIE COUNTY SCHOOL DISTRICT NUMBER ONE
Cheyenne, Wyoming**

PARENTAL PERMISSION FOR FIELD TRIPS

I, _____, parent/guardian of _____, do hereby grant permission for my child to participate in the following activity: _____ on the _____ day of _____, 20_____.

I understand that this permission increases the exposure of my child to unforeseen circumstances.

PARENT/GUARDIAN CONSENT FOR MEDICAL ASSISTANCE

I, _____, give my permission to Laramie County School District Number One to sign for emergency treatment of _____.

Insurance Information: Company: _____

Policy No. : _____

Name of Insured: _____

Parent/Guardian Phone Number(s): Home _____ Business _____

In case of emergency and parent cannot be contacted, please contact:

Name: _____ Phone No. _____

Doctor: _____ Phone No. _____

*Parent/guardian will be notified in case of serious illness or injury as quickly as they can be reached, but this form will make immediate treatment possible.

PROCEDURES/MEDICATIONS

Will the student need any medically necessary procedures/medications during the field trip? Yes
No _____

If yes, please list: _____

Parent/Guardian

Date

(EXHIBIT 45A - CONTINUED ON BACK)

**EXHIBIT 45A
LARAMIE COUNTY SCHOOL DISTRICT NUMBER ONE
Cheyenne, Wyoming**

**PERMISSION FOR ADMINISTRATION OF MEDICATION DURING FIELD TRIP AND
RELEASE OF LIABILITY**

Student Information
 Name _____ Date of Birth _____
 Medication Allergies _____

Medication Information
 Medication Name _____ Dose _____
 Healthcare Provider _____
 Frequency ordered by healthcare provider _____
 Times to be given at school:
 lunch
 other: _____
 Start Date _____ End Date _____
 Pharmacy _____ Prescription # _____

- Key Points:**
- Parent/guardian provides all medicines
 - Each medicine should be delivered in the original container with the child's name, medicine name, time/frequency of medicine, dosage, licensed health care provider's name, pharmacy name and phone number
 - Parent/guardian must notify the school nurse in writing of any changes in the dosage or medication from the healthcare provider
 - By the end of the school year all medicine must be picked up by parent/guardian or it will be destroyed according to Board Policy
 - This permission is valid for only one medication and the current school year.

Permission from Parent/guardian
 I, _____, request and give permission for:

1. Trained school personnel, acting as "friends" to give my child (named above) the listed medication according to School Board Policy and Healthcare provider directions.
2. The school nurse to contact the health care provider named above or the pharmacist to discuss the medication and my child's health

I agree to indemnify and hold harmless, LCSD1 and its employees against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

Date _____ Parent/Guardian Signature _____

DOCUMENTATION OF MEDICATION ADMINISTRATION DURING FIELD TRIP

DATE	TIME	PERSON GIVING
MEDICATION		