

Office of the Medical Examiner

County of La Crosse



We the parents of _____, hereby grant permission for our child to do a Job Shadow with the La Crosse County Medical Examiner's office on _____, 20____.

Your child will act in the capacity of an observer only, any information that may be obtained during this job is confidential and may only be released with the permission of the Medical Examiner's office.

Due to the nature of the investigation conducted by the Medical Examiner, the student may be exposed to some traumatic materials or events.

By signing this form, you are waving any claims or damages that you or your child may have as a result of this Job Shadow, against the Medical Examiner's Office, John Steers, or the County of La Crosse.

Signature of Job Shadow Student

Date

Signature of Parents or Guardian

Date