Valentine Community Schools

Valentine High School
431 N. Green St.
Valentine NE 69201
Phone: 402-376-1780
Fax: 402-376-2736

Valentine Middle School
239 N. Wood St.
Valentine NE 69201
Phone: 402-376-3367
Fax: 402-376-3386

Valentine Elementary School
615 E. 5th St.
Valentine NE 69201
Phone: 402-376-3237
Fax: 402-376-1032

Valentine Rural Schools Office
239 N. Wood St.
Valentine NE 69201
Phone: 402-376-3367
Fax: 402-376-3386

MEDICATION PERMISSION AT SCHOOL

Student Name_____Birthdate_____
Grade_____**Physician Name**_____**Office Phone**_____
Parent/Guardian Name_____ Daytime Phone_____

Name of Medication_____Dosage_____

Description of Medication (color, pills, liquid, etc.)_____
Date(s) to be given_____Times to be given_____
Strength (mg) to be given_____Number (pills, tsp, units, etc.)_____
Illness or condition _____

If given as needed, how much time between doses?_____

Special Instructions_____

Refrigeration needed?_____ Return medicine home daily with student?____

Will student be self-medicating and keeping it with them? _____ If so a **release form** must be signed by both parent and student and attached.

***Please note that all medication must come in original bottle with appropriate name, medication, dosage, frequency, date, and physician name clearly visible.*

I request and authorize Valentine Community Schools to supervise the medication routine described for the above named student. I further authorize the school to contact my student's physician if deemed necessary. I accept ultimate responsibility for monitoring the effects of this medication.

Parent Signature_____ Date_____