



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

Self-Management of Asthma/Severe Allergy (Anaphylaxis) at School Consent/Release Form

Parental consent/release in writing is required annually and must be accompanied by medication form for EACH medication kept/used at school. **WE STRONGLY RECOMMEND YOU ALLOW US TO KEEP AN EXTRA SUPPLY OF YOUR STUDENT'S MEDICATIONS AT SCHOOL.**

PARENT/GUARDIAN: By signing below, you acknowledge the following:

1. You request that your student be allowed to self-manage his or her asthma or severe allergy condition at school.
2. You have confidence that your student is capable of managing his or her asthma or severe allergy condition at school.
3. You understand that you are not required to make this request on behalf of your child. Your child may utilize the health office for asthma and allergy cares. Your child may request assistance from qualified school personnel at any time during the school day.
4. If your student injures school personnel or another student as a result of misuse of asthma or allergy supplies, you shall be responsible for any and all costs associated with such an injury.
5. The school and its employees are not liable for any injury or death arising from a student's self-management or his or her allergy or asthma condition.
6. You will indemnify and hold harmless the school and its employees and agents against any claim arising from a student's self-management of his or her allergy or asthma.

Parent/Guardian Printed Name _____

Student Printed Name _____

Parent/Guardian Signature _____

Date _____

STUDENT: By signing below, you agree that you understand:

1. You must not share, or allow another student to handle, your medications or supplies.
2. If you need your medications, and you do not feel better after using them, you will notify a teacher that you need help, or you will come to the health office.

Student Signature _____

Date _____

Jamie S. Isom
Superintendent of Schools

Andy Cronin
Principal, Valentine High School

Jeff Sayer
Principal, Valentine Middle School
Principal, Valentine Rural Schools

Becky Berry
Principal, Valentine Elementary School