

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 Medication 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 condition at school.
2. You have confidence that your student is capable of managing his or her 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 health 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 medication 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 of his or her 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 condition.

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.
3. You will use the prescription medication only as prescribed and as permitted by the Medication Permission Form. You have been instructed on and will follow this form.

Student Signature

Date