

**Mary Queen of the Holy Rosary School**  
**605 Hill N Dale Rd**  
**Lexington, KY 40503**  
**2018-19**

**AUTHORIZATION FOR DISPENSING MEDICATION**

If your child will need any type of over the counter medication, it must be sent to school in the original packaging with a completed Authorization to Dispense Medication Form. All medication must be checked in at the office and dispensed from the office. If a child has to take any medication in the school prescribed by a doctor, that medication must be sent to school in the container received from the pharmacy and must have on its label the following: Child's name, Name of Doctor, Frequency, Dose, Date.

I, \_\_\_\_\_, authorize the school personnel and/or school health volunteers at Mary Queen School to dispense the medication(s) listed below to my child, \_\_\_\_\_, according to the specifications on the medication or the specific directions outlined below.

Medication \_\_\_\_\_  
Reason for Medication \_\_\_\_\_  
Date to Discontinue Use (if applicable) \_\_\_\_\_  
Dosage \_\_\_\_\_ Time of Day (if applicable) \_\_\_\_\_  
Taken with Food/Beverage? \_\_\_\_\_ If Yes, Please Specify \_\_\_\_\_  
Reactions or Side Effects of Medication \_\_\_\_\_

Medication \_\_\_\_\_  
Reason for Medication \_\_\_\_\_  
Date to Discontinue Use (if applicable) \_\_\_\_\_  
Dosage \_\_\_\_\_ Time of Day (if applicable) \_\_\_\_\_  
Taken with Food/Beverage? \_\_\_\_\_ If Yes, Please Specify \_\_\_\_\_  
Reactions or Side Effects of Medication \_\_\_\_\_

Medication \_\_\_\_\_  
Reason for Medication \_\_\_\_\_  
Date to Discontinue Use (if applicable) \_\_\_\_\_  
Dosage \_\_\_\_\_ Time of Day (if applicable) \_\_\_\_\_  
Taken with Food/Beverage? \_\_\_\_\_ If Yes, Please Specify \_\_\_\_\_  
Reactions or Side Effects of Medication \_\_\_\_\_

Signing this form shall release the Diocese of Lexington school system, Mary Queen staff and/or volunteers from any liability as a result of your child taking the listed medication.

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to Mrs. Pedroche in the school office.