

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

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.