

## Request For Child To Take Advil (Ibuprofen) in School

New York State Law requires a written request from the orthodontist in which he/she indicates the frequency and dosage of a prescribed medication and a written request from the parent to administer the medication. The medication should be delivered to the school nurse in its original container.

I, \_\_\_\_\_ hereby request my child,  
(print parent/guardian's name)

\_\_\_\_\_ be given the medication prescribed by Dr. Neil Gorin  
(print name of student)

at \_\_\_\_\_  
(time)

I hereby release the designated school personnel and the Board of Education from any liability relative to administration and/or reaction of the medication on the above named student.

Date: \_\_\_\_\_ Signature of Parent \_\_\_\_\_

Name of Child \_\_\_\_\_

Name of Medication Advil (Ibuprofen) \_\_\_\_\_

Dosage 2 tablets (200mg each) every 6 hours \_\_\_\_\_

Side effects of medication hives, facial swelling, asthma (wheezing), shock, stomach bleeding \_\_\_\_\_

Action to be taken if drug toxicity is suspected:

discontinue use, contact parent and emergency response personnel immediately

Date: \_\_\_\_\_ Signature of Orthodontist \_\_\_\_\_

Telephone Number Brooklyn:718-436-5175, Lynbrook:516-599-5283