

483 Scranton Avenue
Lynbrook NY 11563
516.599.5283

303 Beverley Road
Brooklyn NY 11218
718.436.5175

Request For Child To Take Tylenol (Acetaminophen) 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 Tylenol (Acetaminophen)

Dosage 2 extra strength tablets (500 mg each) every 6 hours

Side effects of medication redness or swelling, pain continues to get worse, new symptoms occur

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