

260 Eastern Parkway Brooklyn, NY 11225

Voice: 718-636-4573 VP: 347-227-0891 Fax: 718-636-4577 school@sfdesales.org sfdesales.org Follow us at @sfdesales

Dear Parent/Guardian,

I am writing to you for permission to give your child Tylenol or Advil if they have a temperature of 101 or above. I would give the recommended children's dose. If you have a daughter who experiences cramps during menstruation I would like permission to give her Tylenol or Advil for cramps. If you have any questions, please don't hesitate to call me. My number is 718-636-4573, extension 128. Please return this form signed on the first day of school. Thank you for your cooperation.

Sincerely,

Nonna Reznik School Nurse

I give permission to the nurse to give my child Tylenol or Advil for a temperature 101 or above and for menstrual cramps.
Name of Child:
Parent / Guardian Signature:
Date: