



6 MONTH STANDING ORDER FOR TYLENOL/MOTRIN

Please give _____ Tylenol according to dosage below
(Child's Name)
if he/she has a fever of 103 and parents cannot be reached.

Dosage: _____ every _____ hours.
(How Much)

Parent Signature: _____ Date: _____

Doctor's Signature: _____ Date: _____

This Standing Order is Good for 6 Months From This Date.



Children's Discovery Learning Center has my permission to administer Syrup of Ipecac in the event of poisoning, under the direction of poison control. I would be immediately notified of such an action at the earliest possible time.

Parent Signature _____ **Date** _____