



**6 MONTH STANDING ORDER FOR TYLENOL**

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)

Child's Weight: \_\_\_\_\_

Child's Birth date: \_\_\_\_\_

*Physician Signature* \_\_\_\_\_ Date: \_\_\_\_\_  
(If child is under 2)

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

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

**\*\*You can fax this back to us at 651-484-5453\*\***