



6 MONTH STANDING ORDER FOR TYLENOL

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

Dosage: _____ every _____ hours.
(How Much)

Child's Weight: _____

Child's Birth date: _____

Physician Signature _____ Date: _____

Parent Signature _____ Date: _____

This Standing Order Expires 6 Months from the Date Above.

****You may fax this form to us at 651-484-5453****