



**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 651-407-1078\*\***