



AUTHORIZATION TO ADMINISTER TYLENOL GRADES 5-8

- () I authorize the School Nurse to administer Tylenol as per standing orders* to my child during school.
- () I DO NOT authorize the School Nurse to administer Tylenol to my child during school.

Standing Orders:

- Headache: limit administration to 2 occurrences/month or 3 consecutive days.
- Dysmenorrea: limit administration to 5 days/month.
- Dental Pain: limit administration to 4 days following a dental procedure.
- Temperature: greater than 101 degrees.

Signature of Parent

Child's Name/Date

Thank you,

Health Office Staff