Parent/Guardian Request for Tylenol (Acetaminophen) Administration During School Hours

Student's Name _____ Grade _____

I give permission for the school nurse to administer Tylenol (Acetaminophen) to my child during school hours, in accordance with the Region 15 standing orders.

Parent/Guardian Signature _____ Date _____

Home Phone _____ Work Phone _____

PARENTS: DO NOT WRITE BELOW THIS LINE

Standing Orders for Pain and Fever Medication

Acetaminophen will be administered by the school nurse according to the following dosage:
Weight 24-35 pounds – 160 mg, by mouth, every 4 hours, PRN
Weight 36-47 pounds – 240 mg, by mouth, every 4 hours, PRN
Weight 48-59 pounds – 320 mg, by mouth, every 4 hours, PRN
Weight 60-71 pounds – 400 mg, by mouth, every 4 hours, PRN
Weight 72-95 pounds – 480 mg, by mouth, every 4 hours, PRN
Weight 95 pounds or over – 640 mg, by mouth, every 4 hours, PRN; or 1-2 regular strength tablets (325 mg/tab) by mouth, every 4 hours, PRN

Medication Administration Record – For Use by School Nurse

Date	Time Given	Dose	Signature of Nurse	Nature of Complaint	Comments