



STANDING ORDERS FOR  
ANSONIA SCHOOL SYSTEM

AUTHORIZATION OF A PARENT/ GUARDIAN CONCERNING THE ADMINISTRATION OF:  
**TYLENOL, IBUPROFEN, AND/OR TUMS** BY SCHOOL PERSONNEL

I give permission for **Tylenol, Ibuprofen, and/or Tums** to be administered by authorized school personnel to my child \_\_\_\_\_.

Student Name

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Telephone Phone Number

***This form is good for 1 year from signature date.***