

# Assumption School



## STANDING ORDERS FOR

ANSONIA HIGH SCHOOL  
ANSONIA MIDDLE SCHOOL  
ALTERNATIVE EDUCATION

### AUTHORIZATION OF A PARENT/GUARDIAN CONCERNING THE ADMINISTRATION OF TYLENOL/IBUPROFEN BY SCHOOL PERSONNEL

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

Name of Child

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

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

