

SIMON'S ROCK COLLEGE
OF BARD

HEALTH SERVICES

AUTHORIZATION FOR ROUTINE STANDING ORDERS

In order that students have ready access to Tylenol or Ibuprofen when Health Services is closed, please complete the form below and return to Health Services.

I give permission to the resident staff directors to give my son/daughter _____, an over-the-counter medication, which may be recommended as part of the routine medical care by the college physicians of Macony Pediatrics.

ie: Tylenol 500-1000mg every 4-6 hours as needed.
Ibuprofen 200-600mg every 6-8 hours as needed.

Signature of Parent

Date

Print Name of Parent