

Instructions for **Tylenol/Pain Reliever**

Sign and date here for **NO administration of medications** to be given by the childcare provider or staff:

Child's Name: _____

Name of Medication: **Tylenol/Non Aspirin Pain Reliever**

Dosage: As directed on bottle per child's current weight.

Other Dosage Instructions: _____

How often: _____

Oral: _____ Topical: _____ Other: _____

Refrigeration needed: _____

Special Instructions: _____

A physicians Signature is required once a year for all prescription AND non-prescription medications for children ages two and under.

Physician's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Parent's MUST resign every 30 days in order for the daycare to be in compliance with Washington State Licensing Requirements

Parent's Signature: _____ Date: JAN Child's Weight: _____

Parent's Signature: _____ Date: FEB Child's Weight: _____

Parent's Signature: _____ Date: MAR Child's Weight: _____

Parent's Signature: _____ Date: APR Child's Weight: _____

Parent's Signature: _____ Date: MAY Child's Weight: _____

Parent's Signature: _____ Date: JUN Child's Weight: _____

Parent's Signature: _____ Date: JUL Child's Weight: _____

Parent's Signature: _____ Date: AUG Child's Weight: _____

Parent's Signature: _____ Date: SEP Child's Weight: _____

Parent's Signature: _____ Date: OCT Child's Weight: _____

Parent's Signature: _____ Date: NOV Child's Weight: _____

Parent's Signature: _____ Date: DEC Child's Weight: _____

Sign and Date here if you would like to be called before administration of medication: