

## Instructions for Repeat Medication

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

Child's Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

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: