

MEDICINE SLIP

NAME OF CHILD _____

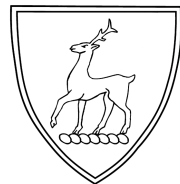
NAME OF MEDICINE _____

FREQUENCY TO BE TAKEN _____

ANY OTHER INFORMATION _____

TO BE KEPT IN FRIDGE YES/NO

SIGNED _____ DATE _____



MEDICINE SLIP

NAME OF CHILD _____

NAME OF MEDICINE _____

FREQUENCY TO BE TAKEN _____

ANY OTHER INFORMATION _____

TO BE KEPT IN FRIDGE YES/NO

SIGNED _____ DATE _____ -