

## Day Care Deluxe

E-mail: daycaredeluxe@gmail.com Website:<u>www.daycaredeluxe.com</u>



"Fulfilling a great dream means having a great team."

## **Medicine Chart**

(Medicine will only be administered if this document is completed and signed by the parent instructing Day Care Deluxe)

	Detail of th	e child:				
Last name:						
First name:						
Date of Birth:						
Detail of medicine 1: (excluding vitamins)						
Name of the medicine:						
Used for:						
To be given:	From: Until: (year/month/day) (year/month/day)		/day)			
	Dosage:					
To be given:	After breakfast	After lunch	After last snack			
Detail of medicine 2: (excluding vitamins)						
Name of the medicine:	Detail of interest (					
Used for:	$C\Delta$	7				
To be given:	From: (year/month/day)	Until: (year/month,	Until: (year/month/day)			
<b>6</b>	Dosage:					
To be given:	After breakfast	After lunch	After last snack			
Detail of medicine 3: (excluding vitamins)						
Name of the medicine:						
Used for:						
To be given:	From: (year/month/day)	Until: (year/month	Until: (year/month/day)			
	Dosage:					
To be given:	After breakfast	After lunch	After last snack			
Signature of the parent:						
Date: (year/month/day)						

Mastermind Entrepreneurs LLC trading as Day Care Deluxe

File Number: 803072263

To be Completed by the <b>Staff Member</b> who Administered the Medicine:		
Last name:		
First name:		
Date of Birth:		

Date: (year/month/day)	Time given:	Signature:	Comments:
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