



Day Care Deluxe



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“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 the child:	
Last name:	
First name:	
Date of Birth:	

Detail of medicine 1: (excluding vitamins)			
Name of the medicine:			
Used for:			
To be given:	From: (year/month/day)		Until: (year/month/day)
	Dosage:		
To be given:	After breakfast	After lunch	After last snack

Detail of medicine 2: (excluding vitamins)			
Name of the medicine:			
Used for:			
To be given:	From: (year/month/day)		Until: (year/month/day)
	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/day)
	Dosage:		
To be given:	After breakfast	After lunch	After last snack

Signature of the parent:	
Date: (year/month/day)	

