Transition Exercise: My Medicine

I am going to remember to take my medicine because ______________________

________________________________________________________________________

If I forget to take my medicine I will ________________________________

________________________________________________________________________

These are My Medicines

1) The name of my medicine is __________________________

How much do I take (dose)?

_____________________________________________________________________

I take this medicine _ time(s) each day (or—__________________________) I take this medicine at       am/pm    am/pm    am/pm    am/pm

This medicine helps my body by ________________________________

_____________________________________________________________________

If I miss taking it I should ________________________________

_____________________________________________________________________

_____________________________________________________________________

2) The name of my medicine is __________________________

How much do I take (dose)?

_____________________________________________________________________

I take this medicine _ time(s) each day (or—__________________________) I take
this medicine at am/pm am/pm am/pm am/pm

This medicine helps my body by

If I miss taking it I should

Important:

Ask your doctor before you mix your medicine with over the counter medicine, other prescription medicine, drugs or alcohol!