

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————————————————————————————————————
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————————————————————————————————————

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!

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