

REMEMBER TO TAKE YOUR MEDICINE!

NAME: _____

MEDICINE FLAVOR: _____

Use this chart to track taking your medicine. Check the white box after taking all of your doses for the day. If you complete all days, bring this chart back to the pharmacy, and we'll give you a prize!

☐ DAY 1

☐ DAY 2

☐ DAY 3

☐ DAY 4

☐ DAY 5

☐ DAY 6

☐ DAY 7

☐ DAY 8

☐ DAY 9

☐ DAY 12

☐ DAY 11

☐ DAY 10

☐ DAY 13

☐ DAY 14

