

Medical Memo

Dear _____;

Our child _____ has been sick with

Our child is taking the following over the counter
medicine(s) _____

_____ Will be seeing the doctor on _____

_____ Had a doctor's visit on _____

_____ Medicine _____ was prescribed by _____

_____ Take only when needed

_____ Give every _____

_____ Child must finish all medicine as it is an antibiotic

Other instructions _____

Signed _____

Dated _____