Medication Label

**Color:**

Green  Red  Yellow Purple

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Child: | | |  | | | | | |
| Date of Birth(MM/DD/YYYY): | | | | |  | | | |
| Site: |  | | | | | | Classroom: |  |
| Bus Driver: | |  | | | | | | |
| Medication Name: | | | |  | | | | |
| Expiration Date (MM/DD/YYYY) | | | | | |  | | |

Transportation #6 Updated 8/31/2022

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Medication Label

**Color:**

Green  Red  Yellow Purple

|  |  |  |  |  |  |  |  |  |
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| Name of Child: | | |  | | | | | |
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Transportation #6 Updated 8/31/2022