

| My Name is:   |    |
|---|----|
| My Partner is:  |    |
| Draw and label some of the things you saw in the First Aid Box: |    |
| Write down some of the things you learned about medicines:      |    |
| 1.  | 2. |
|   |    |
|   |    |
| 3.  | 4. |
|   |    |
|   |    |