

Medication Safety Patrol Pledge

The pledge is designed to print either as: 1) a half-page that participants sign after taking the pledge (Option 1); 2) a bookmark participants receive after taking the pledge (Option 2). Select the option that best works for your needs and print the pledge on standard copy paper or thick cardstock.

Option 1



I will help the Medication Safety Patrol by:

1. Asking trusted adults for help with medicine.
2. Only taking medicine that is meant for me.
3. Keeping medicine in safe places.
4. Sharing what I learned today with family and friends.



Your Name: _____



I will help the Medication Safety Patrol by:


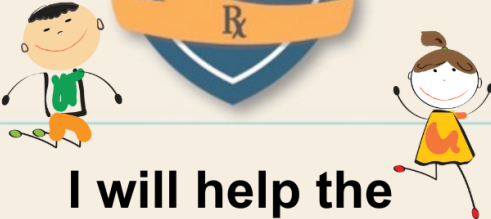
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Your Name: _____




Option 2



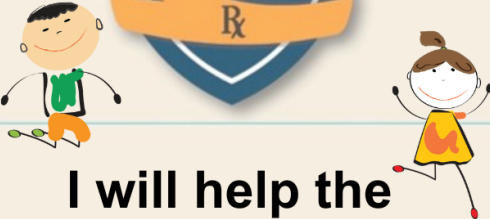




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GenerationRx
Safe medication practices for life.

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