

MONTHLY MEDICATION EXPIRATION DATE VERIFICATION

SCHOOL _____ SCHOOL YEAR _____

Please initial after (T)ou.4 (er)]TJ 0 Tc 051f 427744e Td (cl5r)]T82 0 Tc-0.001 Tc 0.001 Tw 2.807 0 Td [0.001 Tw 2.807 0