








# TAKING MY MEDICINE

TYPE	CHOICES	I WANT TO TRY
<p>Liquid medicine</p> 	<div data-bbox="647 504 864 746">  <p>In a cup</p> </div> <div data-bbox="878 475 1288 775">  <p>In a syringe</p> <p><input type="checkbox"/> I want to do it myself</p> <p><input type="checkbox"/> Mum or Dad can help</p> </div> <div data-bbox="647 798 1288 903">  <p>Tasty drink or food after.</p> <p>I will choose _____</p> </div>	
<p>Pills or tablets</p> 	<div data-bbox="651 1018 1288 1209"> <p>With a drink</p>  <p>cup      straw      sports bottle</p> </div> <div data-bbox="651 1251 1288 1442"> <p>With some food</p>  <p>bread      soft food yoghurt/jelly</p> </div>	