

**NOTE TO COORDINATOR:**

- Copy on pink-tinted paper

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Hospital: \_\_\_\_\_  
Address: \_\_\_\_\_  
Room: \_\_\_\_\_ Tel: \_\_\_\_\_  
Visiting Hrs: \_\_\_\_\_



Date: \_\_\_\_\_  
Captain: \_\_\_\_\_  
Captain: \_\_\_\_\_

## CARING SCHEDULE

DATES	/	/	/	/	/	/	/
TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
9:00 A.M. 1:00 P.M.							
1:00 P.M. 5:00 P.M.							
5:00 P.M. 10:00 P.M.							
Overnight							