

NOTE TO COORDINATOR: • Copy on pink-tinted paper  
 This schedule can be filled in, saved, edited and then printed.

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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.<br>1:00 P.M.  |        |         |           |          |        |          |        |
| 1:00 P.M.<br>5:00 P.M.  |        |         |           |          |        |          |        |
| 5:00 P.M.<br>10:00 P.M. |        |         |           |          |        |          |        |
| Overnight               |        |         |           |          |        |          |        |