

# Health Mart Children's Free Vitamin Program enrollment form



This program offers each child in your family, ages 2–12, a FREE 30-count bottle of Health Mart® Children's Chewable Multi-Vitamins each month.

**Fill out this form to receive your punch card and monthly 30-count bottle of vitamins.**

Today's date: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

School: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

## Children in home (to be enrolled):

Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

**Hand in Hand  
Pharmacy**

