

D&H Drugstore Free Kid's Vitamin Program (30 Day Supply)

Parent/Guardian: _____

Home Phone: _____

Home Address: _____

Email Address: _____

Eligible Children (ages 4-12)

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Guardian Signature: _____

Date: _____



By enrolling in this program you consent to receive promotional materials from D&H Drugstore by phone, text or email. We respect your privacy and will not share your personal information. By signing this form, you are aware that the Leader Children's Multivitamin contains milk.