

Name: _____

Date: _____

Safety Reminders

P T A W Z Z Z F Z M Y D D L P H E
R R S Z R C W K D T D L A U E U R
E W M I U E R S E W W R L Z M X U
S E 1 T S E Z F W I O Z R 1 G N T
C L 1 C K E A I X A G E 1 9 O P S
R D N L W S R 9 N C S 9 H G M F O
I W A N E A E T P A L L L A 1 9 P
P W I M 1 W S E O L G E N A C A R
T T O K N A C G A N T R F I E Z E
I H 9 D T R A C I H O O O G I L P
O K O T K E P A Y S E D P L O R O
N A 1 S S N E Z Y G O 9 A W L Z R
I M F K T E P H C G 9 A Z Y E I P
O T U M Y S L H O M O R A I H G P
X S C A W S A E Y E E X A M S C L
A G E D P U N F 1 M N 1 9 L R I G
L U E S I C R E X E K N T E 1 X 1

Pill organizer

Proper posture

Do not resist

Prescription

Escape plan

Home safety

Awareness

Eye exams

Call 911

Exercise

Walker

Cane