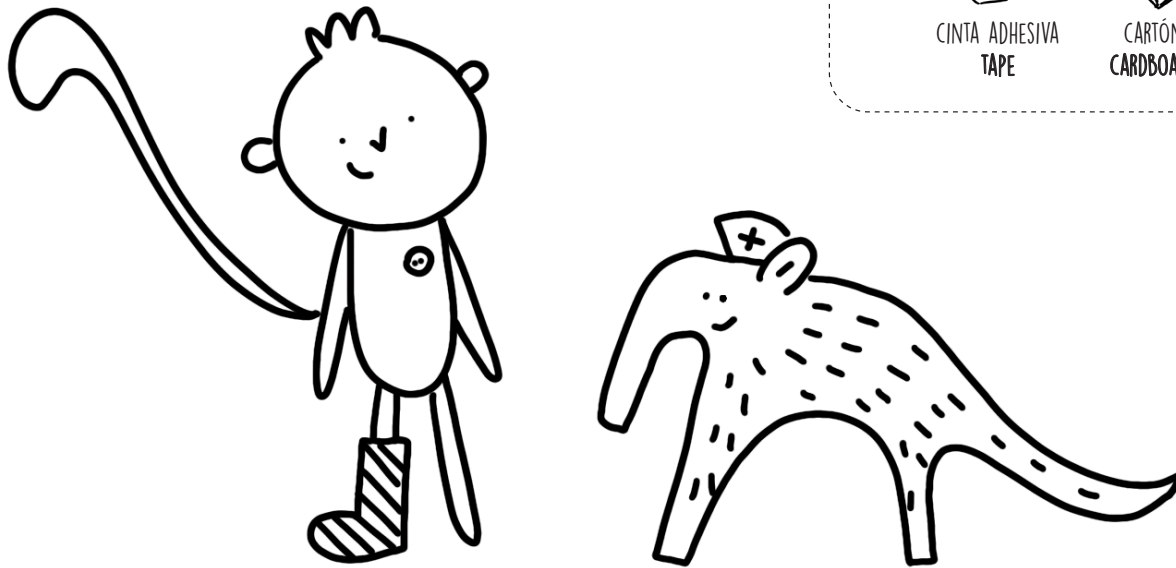


A LA QUIMIO
CON MI SIMIO®

KIT DE PRIMEROS AUXILIOS FIRST AID KIT



MATERIALES QUE NECESITARÁS SUPPLIES YOU WILL NEED



LÁPICES
CRAYONS



TIJERAS
SCISSORS



PEGAMENTO
GLUE



CINTA ADHESIVA
TAPE



CARTÓN
CARDBOARD

INSTRUCCIONES INSTRUCTIONS

COLOREA Y CORTA
IMPRIME, COLOREA Y CORTA
LOS ELEMENTOS POR LA LÍNEA
PUNTEADA. TIP: PON UN CARTÓN
POR EL REVERSO ANTES DE CORTAR



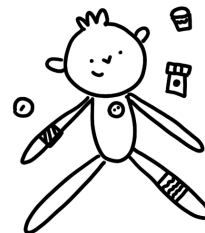
COLOR AND CUT
PRINT, COLOR AND CUT THE
ELEMENTS ALONG THE DOTTED
LINE. TIP: GLUE THE TOOLS ONTO
CARDBOARD BEFORE CUTTING

ARMA TU MALETÍN
DOBLA EL KIT POR LA MITAD Y
PEGA LOS COSTADOS CON CINTA
ADHESIVA, PARA PODER GUARDAR
TUS HERRAMIENTAS.

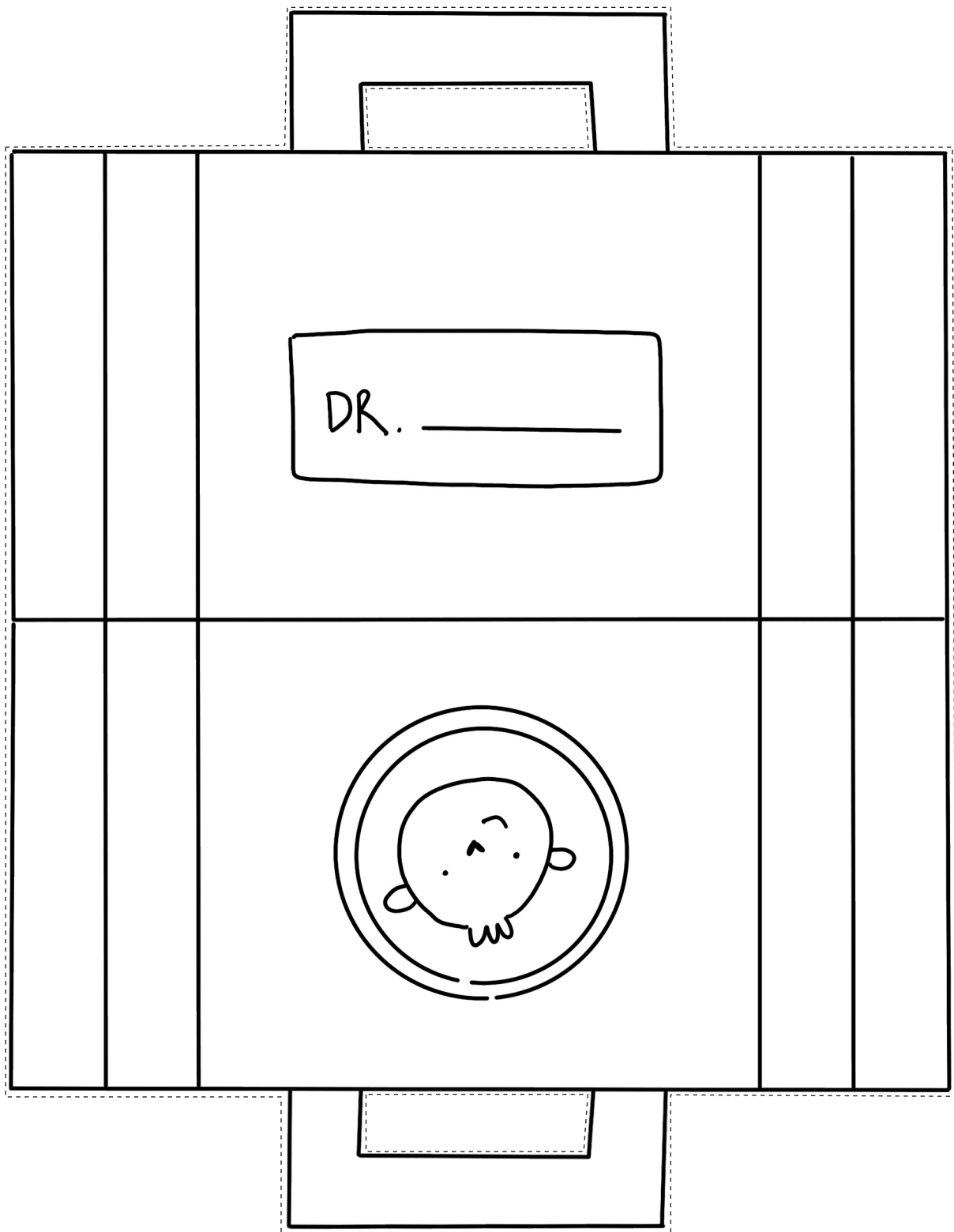


ASSEMBLE YOUR KIT
FOLD THE KIT IN HALF AND
TAPE THE SIDES TOGETHER, SO YOU
CAN STORE YOUR TOOLS.

JUEGA!
AHORA ES TIEMPO DE VER
CUALES JUGUETES O PELUCHES
NECESITAN AYUDA MÉDICA.



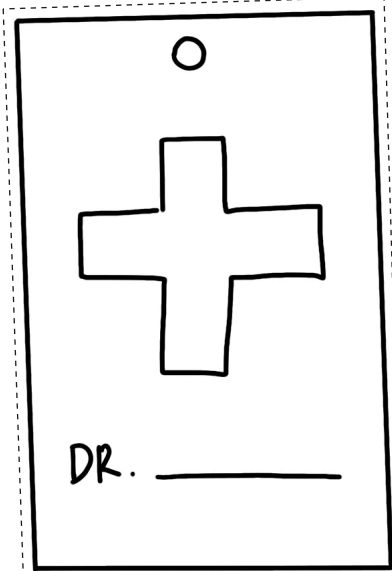
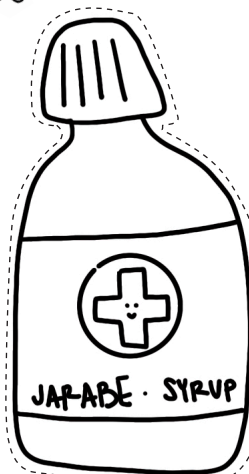
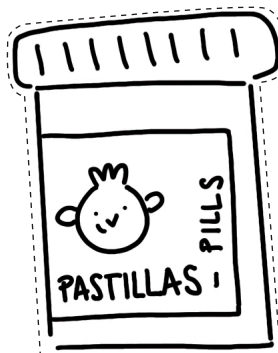
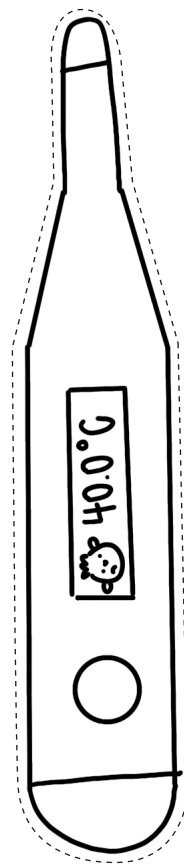
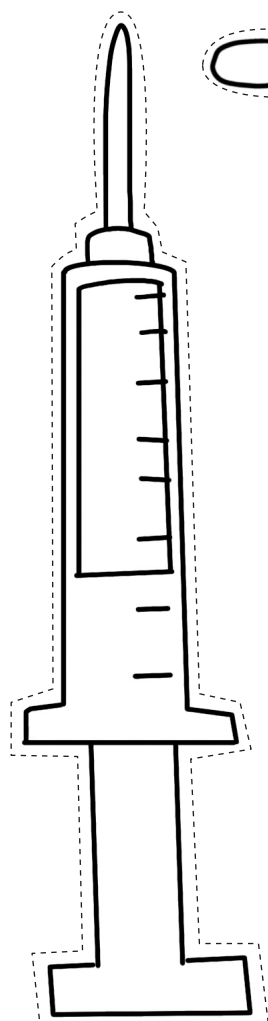
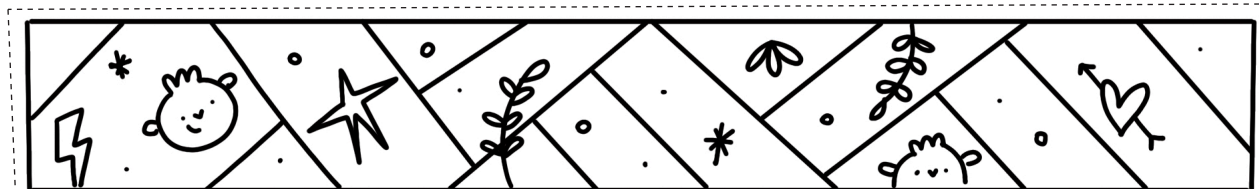
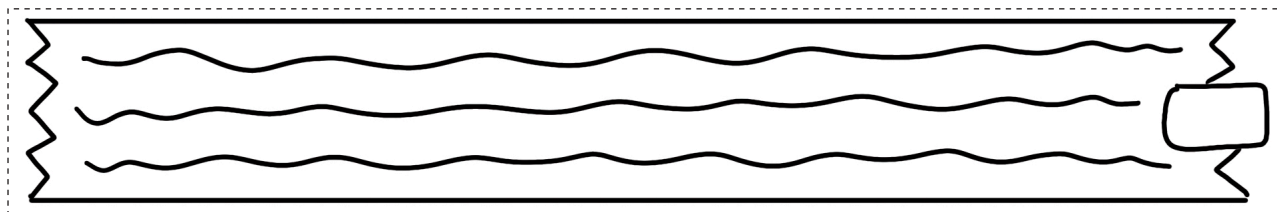
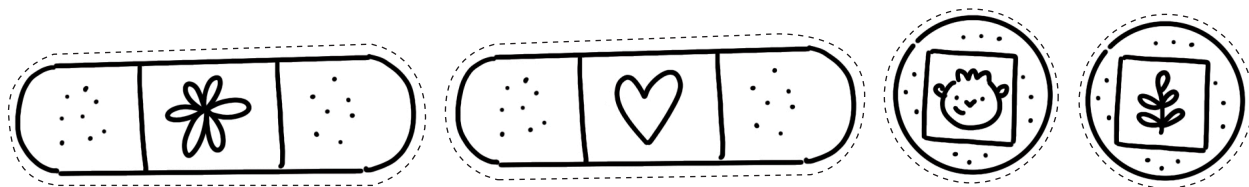
PLAY!
NOW IT'S TIME TO SEE WHICH
TOYS OR STUFFED ANIMALS NEED
MEDICAL HELP.



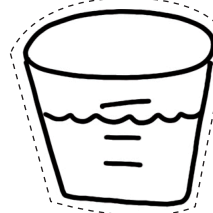
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📷 @ALAQUIMIOCONMISIMIO

CHEMONKEY



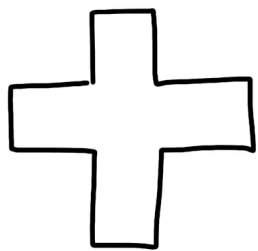
DR. _____



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Instagram icon @ALAQUIMIOCONMISIMIO

CHEMONKEY

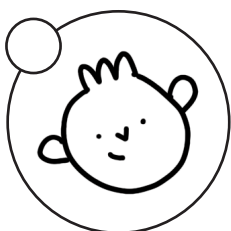


EXAMEN MÉDICO DEL PACIENTE PATIENT MEDICAL EXAM

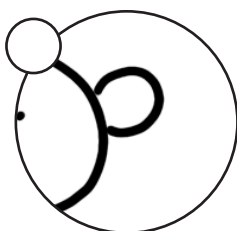


NOMBRE DEL PACIENTE **PATIENT NAME:** _____

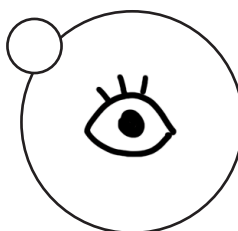
QUE ESTÁ MAL **WHAT'S WRONG:**



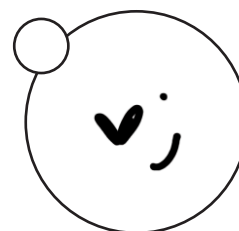
CABEZA **HEAD**



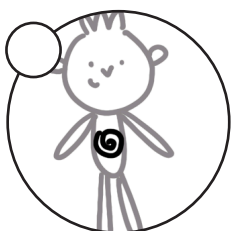
OREJAS **EARS**



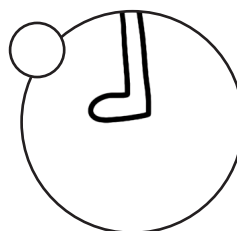
OJOS **EYES**



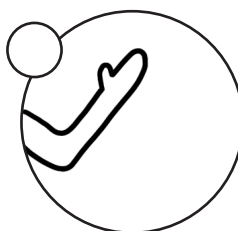
NARIZ **NOSE**



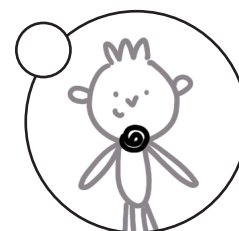
ESTOMAGO **STOMACH**



PIERNA **LEG**



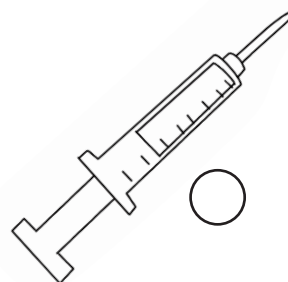
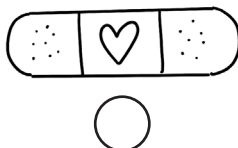
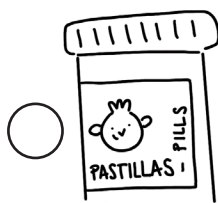
BRAZO **ARM**

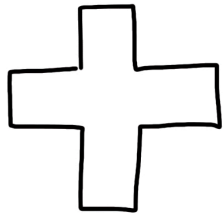


GARGANTA **THROAT**

DIAGNÓSTICO **DIAGNOSIS:** _____

TRATAMIENTO **TREATMENT:**





RECETA MÉDICA
MEDICINE PRESCRIPTION



NOMBRE DEL PACIENTE **PATIENT NAME:** _____

1 ○

2 ○

3 ○



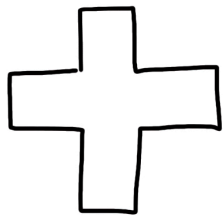
X1 ○

X2 ○

X3 ○

POR DÍA **PER DAY**

FIRMA DOCTOR **DOCTOR SIGNATURE:** _____



RECETA MÉDICA
MEDICINE PRESCRIPTION



NOMBRE DEL PACIENTE **PATIENT NAME:** _____

1 ○

2 ○

3 ○



X1 ○

X2 ○

X3 ○

POR DÍA **PER DAY**

FIRMA DOCTOR **DOCTOR SIGNATURE:** _____