

MEAL INFORMATION

Number of people who will be attending the TJAA Show and partaking of the meals**:

Lunch _____ Dinner _____

**Please complete only one "Meal Information" per family but include all family members, grandparents, friends, fitters and other guests that may be with you at the show.

MEDICAL RELEASE FORM

In the event of an emergency, I give my permission to allow medical attention to be administered to _____ without my notification.
(Minor's Name)

Parent or Guardian Signature

Date

In case of emergency, please notify:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone _____ Work Phone _____

If not available, please notify:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone _____ Work Phone _____

Is the participant allergic to any medication? _____

If yes, please list: _____

Does the participant have any existing medical conditions? _____

If yes, please list: _____

Is the participant currently taking any medications? _____

If yes, please list: _____

List any other existing condition(s), medical or otherwise, the staff should be aware of.
