



## 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. \_\_\_\_\_