



DOGMEET 2009

Medical Disclosure



Are you aware that you, or any member of your family in attendance, have any medical conditions that could become life threatening? YES? _____ NO? _____

If yes, please list: _____

If you, or any member of your family in attendance, have any allergies that could become life threatening, please list those as well (be sure to include food, plants & grasses, stinging insects, animals, etc.):

Do you have any recent injuries? YES? _____ NO? _____

If yes, please list: _____

Are you, or any member of your family in attendance, taking any medications? YES? _____ NO? _____

If yes, please list: _____

Are you aware that you, or any member of your family in attendance, have allergies to any medications?

YES? _____ NO? _____ If yes, please list: _____

Signature of Participant

Date

Printed Name of Participant

Signature of Parent or Guardian if
Participant is Under 18 Years of Age

Date

Printed Name

All medical information is confidential and will be destroyed after the conference is completed.
This information is optional and could be valuable in an emergency, but this form is not a guarantee that the information will be available to emergency medical providers.