

MEDICATION BEING TAKEN

Keep all medication in the original package/bottle that identifies the prescribing physician, the name of the medication, dosage, and frequency of administration.

_____ This person does not take medicine on a routine basis

_____ This person takes medicine as follows:

Med #1 _____
Reason taking _____

Med #2 _____
Reason taking _____

Med #3 _____
Reason taking _____

Med #4 _____
Reason taking _____

Med #5 _____
Reason taking _____

RESTRICTIONS

The following restrictions apply to this individual: _____

Explain any restrictions to activity: _____

Do you have any medical conditions that staff should know? _____

Name of family physician: _____

Phone #: _____

Address: _____

Name of family dentist: _____

Phone #: _____

Address: _____

Medical Information:

TVTO Member will attempt to contact the emergency contact listed at the top of this waiver as soon as possible and will keep them up-to-date concerning the condition and treatment of the Attendee.