MEDICATION DISCLOSURE

Name: _____

I, the undersigned, hereby disclose that I have taken the following prescription or over-the-counter medications in the last thirty (30) days. I further affirm that I have a valid prescription, issued to me, for any prescription medication I have taken in the last thirty (30) days.

If Participant is a minor under the age of 19, Participant's parent or guardian shall complete the following disclosure.

Name _____ Date _____
(Print)

Signature _____ Date _____

If minor child under the age of 19:
Name of Guardian: _____ Date _____

Signature of Guardian:_____ Date _____

Prescription Name	Purpose	Doctor / Physician	Today's Date