



CONFIDENTIAL
OFFICIAL MEDICATION REPORT FORM ENCLOSED

THE REVERSE SEAL OF THIS ENVELOPE MUST BE SIGNED BY SHOW MANAGEMENT

Once this envelope is submitted, it becomes property of the ApHC and it will not be returned. Show Management is not responsible for validating the accuracy or completion of the enclosed medication report form. The Responsible Party (defined in ApHC Rule 50) bears all responsibility for accuracy and completion of the medication report form enclosed. This envelope will only be opened in the event of a positive drug test.

Date Received: _____ Time Received: _____ AM PM

Name of Show/Event: _____

Printed Name of Show Management: _____

