



Medical Authorization and Release of Liability Yearly Update:

Please Sign and Date below stating that the following information has not changed since you filled the 2014 Medical Authorization and Release of Liability. If the information has changed, please write the updated information in the appropriate place.

Participant's Name _____

Address _____

City/St/Zip _____

Home Phone _____ Birth Date: _____

*Social Security # _____

*Insurance Carrier _____ *Policy Number _____

Current Meds _____

Allergies _____

Last Tetanus Shot _____

Over the counter medicines that may be given to your youth:(Tylenol, Cough Drops, Benadryl): _____

Family Physician _____

Phone & Location _____

Parents/Guardians Signature

Date