

2024-2025 YOUTH PARTICIPANT MEDICAL HISTORY FORM

<u>Special Note</u>: This form must be completed thoroughly and honestly, and signed by the youth participant's parent or legal guardian. It is to be completed and dated after January 1, 2024. This form applies to the 2024 Fall – 2025 Spring season and needs to be submitted to your LOCAL Pop Warner organization. This form and its contents will be available to authorized Pop Warner personnel and kept confidential. By signing this form, the parent or legal guardian agrees to the terms and conditions outlined below.

Section I: POP WARNER AFF	<u>LIATION</u>	
League:	Association: _	
Section II: YOUTH PARTICIPA	NT INFORMATION (must match birth cei	ertificate)
Last:	First:	Middle:
Date of Birth:	Age: Male Fem	nale Sport: Football Cheer/Dance
Section III: PRIMARY AND SE	CONDARY CONTACT	
Primary Contact: Parent or Gua	rdian	
Last:	First:	
Address:	City:	State: Zip:
Mobile Phone No:	Alternate Phone No:	
Email:	Relationship to Ch	nild:
Secondary Contact.		
Last:	First:	
Mobile Phone No:	Alternate Phone No:	
Email:	Relationship to Ch	nild:
Section IV: INSURANCE INFO	RMATION	
Primary Insurance Company:	Primar	ry Group/Policy #://
Does primary insured have Med	licaid? Yes No Does primary insured	d have Medicare? Yes No
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Section V: MEDICAL HISTOR	Y OF THE YOUTH PARTICIPANT	
Please identify and elaborate or	n any medical conditions which we should be	e aware (if none, write none):



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Please list any medications currently being taken (if none, write none):		
In the past 24 months, has the participant been tested, diagnosed and/or treated for a concussion: Yes If yes, provide the specific date and detail on the diagnoses/treatment and the outcome:	No	
List any known allergies (if none, write none):		
Date of last Tetanus Toxoid Booster:		
The purpose of the above information is to ensure that medical personnel have details of any issues which may interfere with or alt	er medical treatment.	
Section VI: PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE		
Recognizing the possibility of serious injury, illness or death, and in consideration for Pop Warner Little S members accepting my child as a participant in its official programs, I consent to my child participating in football, flag football, cheer and / or dance. Further, I hereby release, discharge, and otherwise indemnify member organizations and sponsors, their employees, associated personnel, and volunteers, including the facilities utilized for the Programs, against any claim by or on behalf of my child as a result of participating programs.	Pop Warner tackle Pop Warner, its ne owner of fields and	
My child has received a physical examination by a licensed health care provider within the past two years physically capable of participating in the sport of football and/or cheerleading & dance. I have provided w submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, addition to what is specified above, that my child has or that may impact my child's participation in the proconsent to have an athletic trainer and/or licensed health care provider, including a medical doctor or der with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost assistance and/or treatment.	ritten notice, which is or ailment, in ograms. I give my ntist, provide my child	
Signature of Parent/Guardian: Date:		