

# Rotary District 5340 Model United Nations Medical Release Form

Event: Rotary Model United Nations  
Event Date: April 13-14, 2013

Student Name: \_\_\_\_\_

Student Email address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Telephone Numbers (please list all contact numbers) \_\_\_\_\_  
\_\_\_\_\_

Complete Address: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian Address: \_\_\_\_\_

Parent or Guardian Telephone Numbers (please include work number):  
\_\_\_\_\_

Parent or Guardian Email Address:  
\_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Policy/Group #: \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR HEALTH INSURANCE AND  
PRESCRIPTION CARDS-FRONT AND BACK**

List Allergies: \_\_\_\_\_

List Medical Conditions: \_\_\_\_\_

List Prescription Medications/Dose: \_\_\_\_\_

Doctor's Name and Telephone Number: \_\_\_\_\_

Are there any other health concerns that we should be aware of? \_\_\_\_\_

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**WAIVER STATEMENT:** Please check ONE of the following options and sign below.

**OPTION 1:** \_\_\_ I, \_\_\_\_\_

grant permission to the Rotary District 5340 Model United Nations Committee and its representatives to act on my behalf for \_\_\_\_\_ (minor student) in granting permission for the evaluation and treatment of any medical issue, accident, and/or emergency that may arise. I understand that should a serious medical problem arise, every attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give consent under emergency or life-threatening conditions to such treatment as deemed necessary (including x-rays, specific examinations, surgery, and anesthesia to be rendered to the above-referenced minor by a licensed physician). I understand that for non-life threatening situations, the above-referenced minor's treatment will be determined by the Rotary District 5340 Model United Nations Committee (including the administration of non-prescription medications).

**OPTION 2:** \_\_\_ I, \_\_\_\_\_

Authorize limited care to said minor as specifically described below:

I, \_\_\_\_\_ declare that I am the Parent/Legal Guardian of the said minor.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_