

# Colorado Model United Nations MEDICAL AND HEALTH FORM

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Parent's or Legal Guardian's Names  
\_\_\_\_\_

Home Phone Including Area Code  
\_\_\_\_\_

Work Phone Including Area Code  
\_\_\_\_\_

Other Emergency Numbers Including Area Code  
\_\_\_\_\_

## Medical Release

In case of accident or illness every attempt will be made to contact participant's parent or legal guardian. However, there are times when parents or legal guardians cannot be reached. In an emergency situation the following Medical Release is required for the safety, health and well being of the participant in case of accident or serious illness.

**Medical Release:** *"In case of accident or serious illness, I understand that every attempt will be made to contact me. If I cannot be reached, I hereby authorize the adult supervisor to contact a local physician and to follow his/her instructions for the care and treatment of my child."*

\_\_\_\_\_  
Signature of Parent of Legal Guardian

\_\_\_\_\_  
DATE

### Health Information:

If participant has a special health problem, is currently taking medication or is allergic to any type of medication, please indicate below:

**This form must be with your CO-MUN advisor at the time of participation in Colorado Model United Nations Forum.**