



STIFEL



# Oregon Rotary Model United Nations Student Medical Information/Release Form

Instructions: Complete this form either on the computer or by hand, print and sign by hand, then scan and email the fully completed form to [modeluneugene@gmail.com](mailto:modeluneugene@gmail.com).

Event Sponsor: Rotary Club of Eugene and Stifel  
Name of Event: Oregon Rotary Model United Nations  
Date of Event: January 2020 through April 2020

RELEASE STATEMENT: Please check ONE of the following options, fill the blanks, then print and sign below:

OPTION 1: I, \_\_\_\_\_, declare that I have the legal right as parent/guardian to grant permission to the Oregon Rotary Model United Nations Committee and its representatives to act on my behalf for my student (named: \_\_\_\_\_). 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 Oregon Rotary Model United Nations Committee (including administration of non-prescription medications) and transport to a medical care facility.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OR**

OPTION 2: I, \_\_\_\_\_, declare that I have the legal right as parent/guardian of my student (named: \_\_\_\_\_) to authorize limited care as specifically described below:

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Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(continued on next page)



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## Student Medical Information

Student Name:

Student Address:

Student Email Address:

Birth Date: *(MM/DD/YYYY)*

Student Phone Number:

Student Allergies (list):

Pronoun: *(he/she/they)*

Alternate Contact Number:

Student Medical Conditions (list):

Student Prescriptions (list):

Student Doctor Name:

Student Doctor Contact Phone #:

Parent or Guardian Name:

Parent or Guardian Address:

*(if different from student)*

Parent or Guardian Telephone Number:

Parent or Guardian Email Address:

Health Insurance Provider:

Policy or Group Number:

Are there any other health concerns for your student that we should be aware of?