

Medical Waiver Form VTMUNC I

Delegates with medical needs that VTMUNC personnel need to know about should an episode or emergency occur should fill out the medical waiver form. Please contact Taylor White, Director of Operations and Staff if you have any questions.

Participant's Full Name (Minor): _____

Parent/Guardian Full Name: _____

Emergency Contact Number: _____

Does the minor participant have any existing medical conditions? (e.g., allergies, asthma, diabetes, epilepsy)

If yes, please provide details:

Current Medications:

Is the minor participant currently taking any medications?

If yes, please list the medications, dosage, and frequency:

Allergies:

Does the minor participant have any known allergies?

If yes, please specify the allergens and the reaction they may cause:

Authorization for Medical Treatment

I, the undersigned parent/guardian, hereby authorize VTMUNC staff and volunteers to seek and consent to medical treatment for my minor child in the event of an emergency where such treatment is deemed necessary. I also understand that every effort will be made to contact me or the emergency contact person listed above prior to any such medical treatment.

Parent/Guardian Signature: _____ Date: _____

Information Sheet for Delegate
VTMUNC Minor Participant Information Sheet

Participant's Full Name: _____

Date of Birth: _____ Age: _____

Address: _____

Parent/Guardian Full Name: _____

Emergency Contact Number: _____

Insurance Provider and Policy Number: _____

Important Information

Event Details:

Name of Event/Activity: _____

Date(s) and Time(s): _____

Medical Information:

Please provide details on any existing medical conditions, current medications, and allergies, as requested in the medical waiver form.

Emergency Procedures:

In case of emergency, VTMUNC will follow the procedures outlined in the medical waiver form. Please ensure that all contact information is accurate.

Parent/Guardian Consent:

By signing the medical waiver form, you have given consent for necessary medical treatment in case of an emergency.

Parent/Guardian Signature: _____ Date: _____

Please ensure that both the Medical Waiver Form and Information Sheet are completed and returned before the commencement of the event or activity