



# SMH-MUN III

## Saturday, March 21, 2015

### Delegate Info & Medical Form

#### Revolution: Demanding Progress or Endorsing Chaos?

DELEGATION NAME: \_\_\_\_\_

THIS FORM MUST BE COMPLETED AND RETURNED TO SMH-MUN  
PRIOR TO THE BEGINNING OF SMH-MUN III OR  
THE DELEGATE WILL NOT BE ALLOWED TO PARTICIPATE.

Event: SMH-MUN III	Date: Saturday, March 21, 2015
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DELEGATE'S NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Last

NAME OF PARENT / GUARDIAN: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

#### NAME OF LOCAL PERSON TO CONTACT IF PARENT(S) NOT AVAILABLE

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

#### Adverse Reactions

Does your child have severe allergy/allergies? \_\_\_\_\_ YES \_\_\_\_\_ NO

Type (food, insect, drug, etc.): \_\_\_\_\_

Medication required for treatment: \_\_\_\_\_

#### Parent permission to administer over the counter medication.

Please initial the medications your child may receive. \_\_\_\_Acetaminophen \_\_\_\_Ibuprofen \_\_\_\_Benadryl

#### Release

In the event that we cannot be reached in time, any emergency procedure or the administration of special medication can be performed on our son/daughter at the direction of the sponsor(s) assigned.

I agree that should my son/daughter not abide by all the SMH-MUN III rules, he/she may be sent home at my expense and no refund will be made.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE