



THE DOON SCHOOL
MODEL UNITED NATIONS CONFERENCE '18
17th – 19th August, 2018
DELEGATE MEDICAL HISTORY FORM

***To be filled by each delegate and the teacher escort.**

Name of School:

Delegate Details:

Delegate Name:

Gender: Grade: Date of Birth:

Height (cm): Weight (kg): Blood Group: Hb%:

Present Medical Conditions/ Medications (if any):

Medical Conditions:

Medical Conditions	Yes (if yes, give details of medication, precautions and treatment)	No
Allergies (Food, Insect or Medication)		
G6PD Syndrome		
Diabetes		
Asthma		
Epilepsy / Seizures/ Convulsions		
Sleep Walking		
Migraine Headaches		
Heart Condition		
Sight/ Hearing Disorders		
Travel Sickness		
Eczema		
Physical Disability		
Infectious Diseases: (any in the past 2 years)		
Dietary Disorders		

Family Details:

Father's Name:

Mother's Name:

Contact No.(M): Landline No.:

Family Medical History: (Mention any present or past medical conditions):

For Parent/ Guardian/ School Doctor (to read, agree and sign):

I give permission for my son/daughter to be administered Paracetamol/ Ibuprofen/ antibiotic by the School Doctor during the exchange period. I understand that in an emergency, every effort will be made to get consent to an operation and/or administration of an anesthetic, but if this proves impossible I hereby authorize the Headmaster or the Senior Deputies to act as loco parentis.

Parent/Guardian/School Doctor

DSMUN'18