Boston University Academy Model UN Conference 2019
Parent Release and Student Medical Information Form

Participant's Name: ____
Last First Middle

Home Address: ____
#/Street City State ZIP

Sex: M F Birth Date: ______/_______/________

WAIVE of CLAIM / RELEASE FORM: This certifies that we, the undersigned parents/guardians, in consideration of the benefits to be derived by our above-named son/daughter (Participant), do certify that he/she may participate in any normal and routine training session or meeting of the BU Academy Model UN Conference (BUAMUN), and hereby release BUAMUN, BU Academy, and Boston University from any and all claims resulting from any illness, injury, or accident incurred or suffered by said son/daughter while traveling to, attending, or participating in BUAMUN.

MEDICAL and HOSPITAL SERIVCES CONSENT: This certifies that we, the undersigned parents/guardians, in the event that our above-named son/daughter (Participant) becomes a participating member of the BUAMUN conference, do hereby consent and grant permission, should the necessity arise, for the furnishing of medical treatment and hospital services as ordered and recommended by a qualified physician, including the administration of an anesthetic, laboratory procedure, medical or surgical treatment, x-ray examination, or other hospital services. Consent is hereby granted to the attending physician(s), hospital(s), and/or clinics to release necessary medical information to our local doctors and for use in claims for insurance coverage.

WAIVER of PHYSICAL EXAMINATION STATEMENT: This certifies that we, the undersigned parents/guardians, understand our responsibility to fully inform the BUAMUN staff of any and all medical precautions and to provide, attached hereto, any and all relevant medical records or information for use and reference by local physicians or medical personnel should the need arise.

Your family doctor: ______________________________ Phone No.: (____) ____-______.

INSURANCE INFORMATION:

Our son/daughter is covered by health insurance: yes no

Insurance company: _________________________ Policy No.: ________________________

Primary Card Holder's Name: ____________________________________

EMERGENCY CONTACT INFORMATION:
Parent/Guardian 1: _____________________________ Emergency Phone: _____________________

Parent/Guardian 2: _____________________________ Emergency Phone: _____________________

Signatures: I/We certify that the information contained herein is true and correct:

___________________________________ ___________________________________
Parent 1 signature & date Parent 2 signature & date