



**ROTARY DISTRICT 9820
MODEL UNITED NATIONS ASSEMBLY (MUNA)**



SAT. 19TH & SUN. 20TH APRIL 2008

PARENT CONSENT FORM & CONFIDENTIAL MEDICAL REPORT

Student Name: _____ First Name _____

CONTACT DETAILS:

Parents/Guardian's Name: _____

Relationship to Student: _____ Medicare No: _____

Address: _____

Suburb: _____ Post Code: _____

Email Address: _____

For the MUNA weekend:

Contact Phone Number (Home) _____ (Work) _____

Mobile: _____

CONFIDENTIAL MEDICAL REPORT: (to be provided to medical personnel in an emergency)

1) Is your child currently taking any medication? Yes /No

2) If yes, please give the name of medication and dosage details: _____

3) Does your child suffer from a medical condition? Yes/No

4) If 'yes' what is the medical condition? _____

5) Does your child suffer from any allergies to penicillin or other drugs? Yes/No

6) If 'yes' please name: _____

7) Allergies to other Foods/ Plants/Other: (Please Name)

8) Any special care needs? (Please Name)

9) In the last six months has your child been ill/ undergone an operation of which we should be aware? (Give details) _____

10) Date of last tetanus injection (if known): _____

11) Name of Child's Doctor: _____ Phone: _____

NB: If desired, medication may be handed to one of the MUNA coordinators upon arrival with a signed note from the parent/guardian detailing dosage and any time medication is due to be taken etc. Medication will be kept in the first aid centre and distributed as required and handed to the student on departure

Consent is given for my child to attend Rotary District 9820 muna and for the MUNA committee to take any photographs, images or video of activities over the weekend to be used for the conduct and promotion of the MUNA program.

Parent/Guardian Signature: _____ Date: _____