



Canadian High Schools Model United Nations 2010

Box 71002 c/o 3552 W. 41st Ave
Vancouver, BC, Canada
V6N 4J9 | www.cahsmun.org

CAHSMUN 2010 Medical Form

Child's First Name: _____ Child's Last Name: _____

Date of Birth (day/month/year): ____/____/____

Personal Health Card Number: _____

Family Physician: _____

In case of emergency, contact:

Parent/Guardian Name: _____

Parent's Email: _____

Address: _____

City: _____ Postal code: _____

Telephone: _____ Cell phone: _____

If parent or guardian is unavailable in an emergency, please notify:

Name: _____

Telephone: _____ Cell phone: _____

Relationship to student: _____



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Subject to:	Yes	No	Have Had or Now Have:	Yes	No
Colds			Appendicitis		
Allergies			Kidney disease		
Sore Throat			Lung Trouble		
Headache			Heart Trouble		
Cramps			Sinus Trouble		
Diabetes			Hernia (rupture)		
Fainting			Rheumatic Fever		
Skin Rash			Measles		
Asthma			Scarlet Fever		
Bronchitis			Mumps		
Convulsions					
Sleepwalking					
Corrective eye vision?					
Hearing aid?					
Currently under any type of medical care					
History of behaviour disorder, emotional disturbances?					

Date of last Tetanus Vaccination (day/month/year): ___/___/___

Please identify allergies of the child including allergies to food, medications, and drug reactions:

Please list any disabilities or disorders that may affect the child (i.e. diabetes, hearing)

Please list all current medications taken by child:

Name of Medication: _____

Dosage: _____

Times Taken: _____

Name of Medication: _____

Dosage: _____

Times Taken: _____



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Additional information CAHSMUN should be aware of. Is there any additional health related information CAHSMUN should be aware of? Please state below.

Medical Release Form:

I, _____, parent/guardian of the said child _____ do hereby release the Canadian High Schools Model United Nations, its agents, Secretariat, staff and their heirs, executors, administrators, successors and assigns from all manner of action, causes of action, claims and demands, either I or the said child ever had, now have or hereafter can, shall or may have for or by reason of any cause, matter or thing arising from the participation in the above activity/event. In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby authorize the physician selected by the staff of Canadian High Schools Model United Nations to begin any treatment deemed necessary.

Signature of Parent/Guardian

Date

Student's Name