

# **Stratford Preparatory Model United Nations Conference**

## **Emergency Contact and Medical Form**

This form is required for delegate participation in the conference. Failure to submit this form will result in the delegate being ineligible to attend the conference.

### **Delegate Information**

Full Name	
Gender	
Date of Birth	

### **Parent/Guardian Information**

Full Name	
Street Address	
City, Zip Code	
Cell Phone Number	
Home Phone Number	
Email Address	

### **Emergency Contact #1**

Full Name	
Street Address	
City, Zip Code	
Phone Number	

**Emergency Contact #2**

Full Name	
Street Address	
City, Zip Code	
Phone Number	

**Medical Information**

Allergies	
Medications	
Current Medical Conditions	
Past Medical History	
Regular Doctor Name	
Phone Number	
Regular Hospital Name	
Street Address	
City, Zip Code	

In the event of an emergency, I authorize Stratford Preparatory Blackford Model United Nations, its secretariat, chairs, staff, and other designees to provide the information herein to any medical or emergency personnel in the event medical treatment is necessary.

I also release Stratford Preparatory Blackford High School and the Stratford Preparatory Blackford Model United Nations its secretariat, chairs, and other representatives from liability of whatever kind for their actions and/or inactions in connection with the preparation and conduct of the Stratford Preparatory Blackford Model United Nations Conference. I agree to indemnify and hold harmless the Stratford Preparatory Blackford Model United Nations from any and all claims, demands, or suits resulting in attendance at the conference.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_