



# Brown University Simulation of the United Nations



## Parent Release and Student Medical Information Form

**Participant's Name:** \_\_\_\_\_  
Last First Middle Initial

**Home Address:** \_\_\_\_\_  
Number/Street City State Zip

**Gender:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Waiver of Claim/Release Form:** This certifies that we, the undersigned parents, in consideration for the benefits to be derived by our son/daughter, do certify that he/she may participate in any normal and routine training session, or meeting of the Brown Model United Nations' conference, Brown University Simulation of the United Nations (BUSUN) and hereby release and discard the Brown Model UN and Brown University from any and all illness, injury or accident incurred or suffered by said son/daughter while traveling to, attendance at, or participation in BUSUN.

**Medical and Hospital Services Consent:** This is to certify that we, the undersigned parents, do in the event that our son/daughter \_\_\_\_\_ becomes a participating member of Brown Model UN's BUSUN, hereby consent and grant permission should the necessity arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified physician, and including the administration of an anesthetic, laboratory procedures, 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, understand our responsibility to fully inform The Brown Model UN and BUSUN Staff of any precautions and have attached medical records for use and reference by local physicians or medical personnel should the necessity arise.

Your Family Doctor: \_\_\_\_\_ Doctor's Office Telephone: (\_\_\_\_) \_\_\_\_\_

**Insurance Information:**

Our son/daughter is covered by health insurance (yes or no) \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Coverage is through which parent \_\_\_\_\_

**Emergency Information:** Parents/Guardians: Please provide information on where parents can be reached 24 hours a day in the event of an emergency.

Parent 1: \_\_\_\_\_ Emergency Phone: ( ) \_\_\_\_\_

Parent 2: \_\_\_\_\_ Emergency Phone: ( ) \_\_\_\_\_

**Authorized Signatures:** The family has full responsibility to fully inform Brown Model UN and BUSUN of any medical precautions and/or conditions, and medical information. I/We certify that the information contained on this form is true and correct.

Parent 1 Signature and Date: \_\_\_\_\_

Parent 2 Signature and Date (Optional): \_\_\_\_\_

Brown Model UN  
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