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|  |  |  | munax200 |  |  |
|  | **ROTARY DISTRICT 9810****MODEL UNITED NATIONS ASSEMBLY (MUNA**)SATURDAY MAY 2nd and SUNDAY MAY 3rd, 2020 |  |

**PARENT CONSENT FORM and CONFIDENTIAL MEDICAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Family Name |  | First Name |  |

**CONTACT DETAILS:**

|  |  |
| --- | --- |
| **Parent’s/Guardian’s Name** |  |
| **Relationship to Student** |  |
| **Address** |  |
| **Suburb** |  | **Post Code** |  |
| **Email Address** |  |
| **Contact phone numbers for the MUNA weekend: Home****Mobile Work** |

Consent is given for my child to attend Rotary District 9810 MUNA and for the MUNA Committee to pass contact details (excluding residential address) to fellow students or counsellors; or to take any photographs/films for the promotion of the MUNA programme. Consent is also given to contact my child regarding other Rotary programmes.

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONFIDENTIAL MEDICAL INFORMATION: Medicare No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| **1) Is your child currently taking any medication? Yes/ No If yes, please give the name of medication and dosage:** |
| **2) Does your child suffer from a medical condition? Yes/No If ‘yes’ please give details:** |
| **3) Does your child suffer from any allergies to penicillin or other drugs? Yes/No If ‘yes’ please give details:** |
| **4) Allergies to other Foods/ Plants/Other - please give details:** |
| **5) Any special care needs - please give details:** |
| **6) In the last six months has your child been ill/ undergone an operation of which we should be aware?** **Please give details:** |
| **7) Date of last tetanus injection (if known)** |
| **8) 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 securely, distributed as required and handed to the student on departure.