



THE FIFTY-THIRD ANNUAL NORTH AMERICAN INVITATIONAL MODEL UNITED NATIONS

MEDICAL AUTHORIZATION & GENERAL RELEASE FORM

All delegates must fill out this form

School Information:

Name of School: _____ State/Country: _____

Name of Moderator: _____

Delegate Information:

Name of Delegate: _____

Home Address: _____

Parent/Guardian Information:

Name: _____

Home Address: _____

Home Phone (include area code): _____

Work Address: _____

Work Phone (include area code): _____

Emergency Contact Information:

Emergency Contact Name: _____

Phone Number (include area code): _____

Physician Name: _____

Phone Number (include area code): _____

Medical Information:

Insurance Company*: _____

Insurer Carrier/Agent (Name and Address): _____

Name of Insured: _____ ID/Group#: _____

**Delegates are advised to bring their personal insurance cards with them to NAIMUN in case of emergency.*

Please list any important current medical conditions or past pertinent medical history: _____

Please list any medications: _____



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I, _____, authorize the Georgetown International Relations Association, Inc. (GIRA) and the Conference of the North American Invitational Model United Nations (NAIMUN) staff, volunteers, and other designees to provide the information contained herein to any medical or emergency personnel in the event medical treatment appears necessary.

I expressly release GIRA, its members, officers, agents, volunteers, staff and others acting on its behalf from any and all liability of whatever kind for their actions and/or inactions in connection with the preparation and conduct of the NAIMUN Conference. I understand and intend that this general release from liability be given the broadest possible interpretation applicable under law. I agree to indemnify and hold harmless GIRA from any and all claims, demands or suits resulting in attendance of the conference.

Signature: _____ Date: _____

Signature of Parent or Guardian (if under 18 years old): _____

School Name: _____ State: _____

**PLEASE EMAIL THE COMPLETED *MEDICAL AUTHORIZATION*
& *GENERAL RELEASE FORM*, ALONG WITH OTHER
COMPLETED FORMS, TO HALLE HAGAN AT
NAIMUN@MODELUN.ORG. ALTERNATIVELY, FORMS MAY BE
FAXED TO 240- 404-7724 AT THE ATTENTION OF NAIMUN LIII.**