



Medical Questionnaire

Child's Name: _____ Date of Birth: ____/____/____

Parent/Guardian Name(s): _____

Emergency Contact Name and Phone: _____

Please answer the following questions about your child's medical history and needs:

1. Does your child have any serious medical conditions we should be aware of?

☐ Yes ☐ No

If yes, please explain: _____

2. Does your child have any special needs we should accommodate?

☐ Yes ☐ No

If yes, please explain: _____

3. Does your child have any food allergies?

☐ Yes ☐ No

If yes, please list the allergies: _____

4. Does your child have any environmental allergies (e.g. pollen, dust, etc.)?

☐ Yes ☐ No

If yes, please list the allergies: _____

5. Does your child have any other allergies not mentioned above?

☐ Yes ☐ No

If yes, please list the allergies: _____

6. Is your child currently taking any medications?

☐ Yes ☐ No

If yes, please list the medication(s), dosage(s), and schedule(s):

Medication: _____ Dosage: _____ Schedule: _____

Medication: _____ Dosage: _____ Schedule: _____

Medication: _____ Dosage: _____ Schedule: _____

7. Are there any other medical considerations or information we should be aware of?

☐ Yes ☐ No

If yes, please explain: _____

8. Does your child have any physical, cognitive, or behavioral limitations that may affect their participation in camp activities?

☐ Yes ☐ No

If yes, please explain: _____

9. Has your child ever been hospitalised or had any major illnesses or injuries?

☐ Yes ☐ No

If yes, please explain: _____

10. Does your child require any special dietary accommodations (e.g. vegetarian, gluten-free, etc.)?

☐ Yes ☐ No

If yes, please explain: _____

I certify that the information provided on this form is accurate and complete to the best of my knowledge. I understand that withholding or falsifying information could jeopardize my child's participation in the MUN Conference.

Parent/Guardian Name: _____ Date: _____

Signature: _____