

## Civitas Associates Permission Form

Student's Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\* \* \*

Name of Parent or Guardian #1: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\* \* \*

Name of Parent or Guardian #2: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other pertinent information about contacting parent or guardian:

<p><b>PERMISSION</b></p> <p>I grant permission for my child, _____, to attend Civitas Associates activities throughout the 2006-2007 school year including the February 16-17, 2007 Conference.</p> <p><b>Signature of Parent / Guardian:</b> _____</p> <p><b>Date:</b> _____</p>
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\* \* \*

**ALTERNATE TO CONTACT:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\* \* \*

Name of Physician or Clinic: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Does your child wear any dental appliance? \_\_\_\_\_

Does your child wear contact lenses? \_\_\_\_\_

Does your child have any medication that must be kept with him or her  
at all times? \_\_\_\_\_If 'Yes', please explain: \_\_\_\_\_  
\_\_\_\_\_

Has your child any allergies to:

Natural Substances (e.g. Bee Stings) \_\_\_\_\_

Medications (e.g. aspirin, penicillin) \_\_\_\_\_

Does your child have any other allergy about which it is important for us to know? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_Does your child have any medical condition that would demand the immediate attention  
of an adult? \_\_\_\_\_If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_Is there any other pertinent medical information which the chaperones of the trip should  
know about your child? \_\_\_\_\_  
\_\_\_\_\_

\* \* \*

I give consent and authorize a representative of the United Nations Association of St. Louis to obtain, through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he or she is injured or ill in the course of any Civitas Associates activity in the 2006-2007 school year.

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

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

Please return this form to:

Model United Nations  
c/o *Civitas Associates*  
232 No. Kingshighway Blvd., #2101  
St. Louis, Missouri 63108-4002

**(314) 367-6480**  
**Fax: (314) 367-7742**