



Senior Grad Bash Consent for Medical Treatment

Please note: Consent for Medical Treatment is required for admission. **Please submit to the Special Events/Chaperone Check in table just after the metal detectors at the front of the park upon arrival.**

First Aid Stations are located: 1. In the Upper Lot next to Animal Actors Stage 2. In the Lower Lot next to Jurassic Cafe

{Please Print}

Arrival Date: _____ School Name: _____

Parent's Name: _____ Student's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cellular Phone: _____

Name of health insurance carrier: _____ Group#: _____

Physician/Doctor: _____ Phone: _____

Student's allergies, if any: _____ Student's allergies to the following medications: _____

Date of Student's last tetanus booster: _____

Medications student is taking: _____

AS THE PARENT, AGENCY REPRESENTATIVE OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO UNIVERSAL STUDIOS HOLLYWOOD AND THEIR MEDICAL REPRESENTATIVE (RN/LVN/EMT,) TO PROVIDE ALL FIRST AID, [SCHOOL NAME] EMERGENCY DENTAL OR MEDICAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.), OSTEOPATH (D.O.), OR DENTIST (D.D.S.) FOR THIS CARE [STUDENTS NAME] MAY BE GIVEN UNDER WHATEVER CONDITIONS NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF MY DEPENDENT.

We / I have read this form, and certify that we / I understand its content and acknowledge consent for medical treatment.

Signature: _____ Date: _____

[Father, Mother, Legal Guardian]

IN CASE OF EMERGENCY WE/ I MAY BE REACHED AT
