



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 (STUDENT'S 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
