



UNIVERSAL CONSENT FOR MEDICAL TREATMENT
(one per student)

Please note: Consent for Medical Treatment is required for admission. Please submit to Chaperones Headquarters upon arrival.

(Please Print)

Arrival Date: TUESDAY 20th APRIL 2010

Parent's Name: _____

Student's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cellular Phone: _____ Pager: _____

Name of health insurance carrier: AVA - AIG

Group #: AVA-4089.002

Agreement #: ID # 7010988 Tel: 1-888-558-2691

Family Physician: _____ Phone: _____

Pediatrician: _____ Phone: _____

Student's allergies to the following medications: _____

Student's allergies, if any: _____

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/LV/EMT.) _____ TO PROVIDE



[Name of Facility/School]

ALL FIRST AID, EMERGENCY DENTAL OR MEDICAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.), OSTEOPATH (D.O.), OR DENTIST (D.D.S.) FOR _____ THIS CARE MAY BE GIVEN

[Student's Name]

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: _____

IN CASE OF EMERGENCY WE / I MAY BE REACHED AT _____ OR _____