



# Consent for Medical Treatment

## For Students and Performers Under the Age Of 18

To: Universal Orlando

I [we] the parent[s]/legal guardian[s] of \_\_\_\_\_, a minor who is visiting Universal Orlando understand that while he/she is at Universal Orlando, circumstances may arise which may merit medical assistance.

I [We] hereby grant Universal Orlando Partners and its assigns my consent and permission to render medical assistance to my child as Universal in its discretion, deems appropriate, while he/she is at Universal Orlando. Such medical assistance provided on Universal's premises is limited to that which could lawfully be rendered by a registered nurse or licensed paramedic. If, in Universal's judgment, any condition requires the attention of a physician or immediate hospitalization, I [We] authorize Universal to refer my/our child to the care of a physician for treatment including and necessary hospitalization. I [We] waive, release, and hold harmless, Universal on the date(s) that my child participates in the Event and I [we] further waive, release and hold harmless Universal from any loss or damages suffered by my child to my child's person or property as a result of receiving medical attention provided to my child by Universal.

The following information is needed by any hospital or practitioner not having access to my [our] child's/ward's medical history: {Please list in the space provided and attach additional pages if necessary.}

Allergies: \_\_\_\_\_

Medication presently being taken: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Physical impairments: \_\_\_\_\_

Other pertinent factors to which a physician should be alerted: \_\_\_\_\_

I [We] understand that Universal Orlando will make all reasonable attempts to contact me [us] at the below listed telephone number[s] if a physician consultation or hospitalization is necessary.

Name (Print): \_\_\_\_\_ Phone number[s]: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Phone number[s]: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **What is this?**

- This form must be submitted to health services on the day of your arrival.
- This form must be completed by each minor in the group, and signed by a legal guardian.
- This form may be modified to meet the school's own medical criteria however; it must contain the same information.
- If you are visiting both parks, you must have a copy for each park.