

*Please bring this completed consent form and any medication(s) to Grad Night check in to clear Tesoro security screening. Grads w medication will enter the park with their chaperone to clear Universal Studios' screening.

TESORO HIGH SCHOOL GRAD NIGHT 2022

MEDICAL CONSENT FORM

Student Contact Info:

Student Name: _____

Student Cell: _____

Parent/Guardian Contact Info:

Parent/Guardian Name(s): _____

Phone Number(s) Where You Can Be Reached While Your Child is at Grad Night:

Medication Information:

Type of Medication (s): _____

Dosage: _____

I _____ authorize my student to hold this medication during Grad Night. I will not hold Grad Night Boosters responsible for any loss or misuse of medication.

Parent/Guardian Signature: _____ Date: _____

Please email tesorogradnight@gmail.com with any questions.