

# Medical Emergency Treatment Consent Form

I affirm I am the parent and/or legal guardian of \_\_\_\_\_  
(Name of Minor)

As the parent/guardian, I hereby authorize, Gulf Diving LLC, Fling Charters, Spree Expeditions, and \_\_\_\_\_, and/or its agents,  
(Dive Shop)

employees or assigns to seek medical treatment for \_\_\_\_\_  
(Minor)

as a result of an accident or illness while under the supervision of \_\_\_\_\_  
(Dive Shop)

I authorize the treatment of \_\_\_\_\_, by a  
(Minor)

qualified and licensed physician in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed.

I affirm I have read the **LIABILITY RELEASE AND ASSUMPTION OF RISK** form, signed it of my own free will, and understand the legal consequences of signing the document.

I have fully informed myself of the contents of this **Emergency Treatment Consent Form** by reading it before I signed it.

\_\_\_\_\_  
(Parent/Guardian Please Print)

\_\_\_\_\_  
(DD/MM/YY)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Work Phone)

\_\_\_\_\_  
(Notary)

\_\_\_\_\_  
(DD/MM/YY)

Specific medical allergies, medicine being taken or other conditions physician should be aware of. (If none, please write NONE)

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