PADI®
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# 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 Blue Scuba and/or Tweed Sea Sports, and/or its
(DIVE CENTER/RESORT/INSTRUCTOR)

agents, employees or assigns, to seek medical treatment for _____,
(MINOR)

as a result of an accident or illness while under the supervision of Blue Scuba and/or Tweed Sea Sports.
(DIVE CENTER/RESORT/INSTRUCTOR)

I authorize the treatment of _____, by a qualified and
(MINOR)
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

_____
ADDRESS

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

_____

_____

Medical Insurance Company: _____

Policy Number: _____


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