

Medical Emergency Treatment Consent Form

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

As the parent and/or legal guardian, I hereby authorize, Fling Charters, Inc., and
_____,and/or its agents, employees or assigns to seek
(Dive Shop)

medical treatment for _____ as a result of
(Name of Minor)

an accident or illness while under the supervisions of _____
(Dive Shop)

I authorize the treatment of _____, by a
(Name of 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** 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)
