

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, Spree Expeditions Inc.,
and _____, and/or its agents, employees or
(Dive Shop)

assigns to seek medical treatment for _____ as a result of
(Minor)

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

I authorize the treatment of _____
(Minor)

by a 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)
