

# 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)

\_\_\_\_\_