



EMERGENCY TREATMENT CONSENT FORM

Unit 7, St. Philips Central, Albert Road, St. Philips, Bristol BS2 0PD, +44 (0) 117 300 7234, Fax: +44 (0) 117 972 1821

I affirm I am the parent and/or legal guardian of _____ . As the
NAME OF MINOR
parent/guardian, I hereby authorise Kent Scuba Ltd (PADI Dive Centre No 32299) their Instructors, Divemasters, staff, associates and/or its agents, employees or assigns, to seek medical treatment for the above named minor as a result of an accident or illness while under the supervision of of Kent Scuba Ltd, their Instructors, Divemasters, staff, associates and/or its agents, employees or assigns.

I affirm I have read the **Certificate of Understanding and Express Assumption of Risk** form, signed it of my own free will, and understand the legal consequences of signing the document.

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

PARENT/GUARDIAN (please print)

DATE

SIGNATURE OF PARENT/GUARDIAN

HOME PHONE

ADDRESS

WORK PHONE

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

Medical Insurance Company: _____

Policy Number: _____