

# EMERGENCY TREATMENT CONSENT FORM (PADI & Kent Scuba Ltd)

I affirm I am the parent and/or legal guardian of \_\_\_\_\_  
(NAME OF MINOR)

As the 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 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 MOBILE

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

\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Company (if applicable): \_\_\_\_\_

Policy Number: \_\_\_\_\_

## OPTIONAL

### Parental Consent - Images and Recordings of Children

I also hereby give Kent Scuba Ltd permission to take any still and/or moving image being video footage, photographs and/or frames and/or audio footage depicting my child named above. Kent Scuba Ltd will retain full ownership/copyright and may use these images and footage for advertisements, marketing, leaflets, or any other use such as for training, educational or publicity purposes. This consent will apply throughout the world and be for an indefinite period.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN DATE

