



EMERGENCY TREATMENT CONSENT

I confirm I am the legal parent or guardian of _____ (child's name).

I authorise Scubaducks Dive Centre Ltd and its instructors, employees, agents or assigns, to seek medical treatment for _____ (child's name) by a qualified and licenced 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.

Please list any specific medical allergies, medication or other conditions that the physician should be aware of for your child. If none, please write NONE.

I have read and agree to the above in its entirety

Parent/Guardian name (please print): _____

Parent/Guardian signature: _____ Date: _____

Address: _____

Contact tel. no.: _____