



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 _____
NAME OF MINOR
parent/guardian, I hereby authorize BCL Services Ltd ta Sussex Diving & Leisure / D.Hunneyball
(DIVE CENTER/RESORT/INSTRUCTOR), and/or its agents,
employees or assigns, to seek medical treatment for _____
(MINOR), as a result
of an accident or illness while under the supervision of BCL Services Ltd ta Sussex Diving & Leisure / D.Hunneyball
(DIVE CENTER/RESORT/INSTRUCTOR).

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 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 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: _____