

# **PADI®** EMERGENCY TREATMENT CONSENT FORM

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

As the parent/guardian, I hereby authorize Gerald Bayus Jr, MSDT #253092 and RecTEC Divers LLC, and/or its  
(DIVE CENTER/RESORT/INSTRUCTOR)

agents, employees or assigns, to seek medical treatment for \_\_\_\_\_,  
(MINOR)

as a result of an accident or illness while under the supervision of Gerald Bayus Jr, MSDT #253092 and RecTEC Divers LLC.  
(DIVE CENTER/RESORT/INSTRUCTOR)

I authorize the treatment of \_\_\_\_\_, by a qualified and  
(MINOR)  
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** by reading it before I signed it.

\_\_\_\_\_  
PARENT/GUARDIAN (PLEASE PRINT)

\_\_\_\_\_  
DD / MM / YY

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

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
WORK PHONE

\_\_\_\_\_  
ADDRESS

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

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

Medical Insurance Company: \_\_\_\_\_

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