



Emergency Treatment Consent Form

I affirm that I am the parent and / or legal guardian of _____.
(Name of Minor)

As the parent / guardian, I hereby authorize Scuba-Doo Mauritius / Twentieth Latitude Destinations Ltd and / or it's agents, employees or assigns, to seek medical treatment for _____ as a result of an accident or illness while
(Name of Minor)
under the supervision of Scuba-Doo Mauritius / Twentieth Latitude Destinations Ltd.

I authorize the treatment of _____, by a qualified and licensed
(Name of Minor)
physician.

In the event of a medical emergency which, in the attending physician's opinion, may endanger his / her life, cause disfigurement, physician 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

Parent / Guardian (please print)

Home Phone

Address

Work Phone

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

Medical Insurance Company: _____
Policy Number: _____