



EMERGENCY TREATMENT CONSENT FORM

I affirm I am the parent and/or legal guardian of _____
NAME OF MINOR

As the parent/guardian, I hereby authorize **Aquatic Adventures Ohio & Staff & Associates**, 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 **Aquatic Adventures Ohio & Staff & Associates**.

I authorize the treatment of _____, by a qualified and
MINOR
licensed physical 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 consequence 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)

DATE (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: _____