

# PADI® EMERGENCY TREATMENT CONSENT FORM

www.padi.com

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

As the parent/guardian, I hereby authorize \_\_\_\_\_, 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 \_\_\_\_\_  
(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: \_\_\_\_\_



# Youth Diving: Responsibility and Risks Acknowledgment

(Please read carefully, fill in all blanks, and sign and date below.)

I/we, \_\_\_\_\_, and my/our child, \_\_\_\_\_, have viewed and understand the Youth Diving: Responsibility and Risks video or flip chart. We affirm we have been advised and thoroughly informed that diving is an adventure sport with inherent risks to the participant. These risks may include, but are not limited to, pressure related injuries affecting the lungs, sinuses and ears, drowning, panic and other serious injury or death. We also understand our responsibilities, as parent and participant (child), in participating in scuba activities and agree to accept those responsibilities.

As the parent/guardian of the minor child, I/we understand and agree it is solely my/our responsibility to evaluate whether my/our child should participate in scuba activities. Our decision is based upon our knowledge of the mental, physical and emotional abilities of our child, as well as his/her medical history. I/we understand and agree it is my/our responsibility to discuss with a physician any questions I/we have regarding my/our child's medical history and participation in this activity.

I/we understand and agree that it is my/our responsibility to continue to monitor the abilities and health of my/our child to determine whether he/she should continue in this program and continue to dive after the program.

I/we agree to abide by all supervisory and depth limitations that may accompany my/our child's PADI certification.

I/we understand that PADI certifies instructors/dive centers and provides materials for programs developed by PADI.

I/we understand that the dive center/resort and the instructor are responsible for the conduct and supervision of this activity

I/we understand my responsibilities and those of my child as set forth in the Youth Diving Responsibilities and Risk video or flip chart.

I/we have read this Acknowledgment, understand and agree to the terms and conditions, and understand and agree that this Acknowledgment is a binding contract between us, the dive professional, the dive facility and PADI.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
(Day/Month/Year)

\_\_\_\_\_  
Participant/Minor Name

\_\_\_\_\_  
Participant/Minor Signature

\_\_\_\_\_  
(Day/Month/Year)