



⑨ ローマ字で記入ください

Emergency Treatment Consent Form

I affirm I am the parent and / or legal guardian of _____ . As the parent /
Name of Minor (参加者名)
guardian, I hereby authorize Great Adventures/Scuba-Doo, and / or its agents, employees or
assigns, to seek medical treatment for _____ as a result of an accident or
Name of Minor (参加者名)
illness while under the supervision of Scuba-Doo Cairns PTY.LTD.

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

In the event of a medical emergency which, in the attending physician, 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) 親権者氏名

Date 日付

Signature of Parent / Guardian 親権者サイン

Home phone 自宅電話番号

Address 住所

Work Phone 会社電話番号

Specific medical allergies, medicine being taken or other conditions physician should be aware of
(if none, please write NONE) : アレルギー、処方された薬服用等医師の知るべき事項 (なければ NONE と記入)

Medical Insurance Company (保険会社名) : _____
Policy No (番号) : _____

◆ このフォームは未成年者に対する緊急処置についての親権者の承諾書です。ご確認のうえご署名ください。