

Next Generation Diving  
Authorization for Medical Treatment of Minor Child

We, \_\_\_\_\_ and \_\_\_\_\_ do hereby state that we are the natural parents and/or have legal custody of \_\_\_\_\_, age \_\_\_\_\_. We authorize Jeanine Oburchay and/or Leanne LeBlanc to consent to any examination, anesthetic, x-ray, medical or surgical diagnosis or treatment and/or hospital care to be rendered to the minor under general or special supervision and on the advice of any physician or surgeon licensed to practice when efforts to contact us are unsuccessful.

Emergency Information

I, \_\_\_\_\_, request the following information be considered when medical treatment is rendered to my child, \_\_\_\_\_.

Known Allergies: \_\_\_\_\_

Medication child is taking \_\_\_\_\_

Relevant medical history \_\_\_\_\_

This consent is granted for a period of one year

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Insurance Information

Type of Insurance \_\_\_\_\_

Insurance Provider \_\_\_\_\_

Policy # \_\_\_\_\_