



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。