

TNT DIVING  
Authorization to Consent to Medical Treatment for a Minor Child  
(THIS FORM MUST BE NOTARIZED)

I / We \_\_\_\_\_ and \_\_\_\_\_  
(Guardian) (Guardian)

Do hereby state I am / we are the legal guardian(s) of:

\_\_\_\_\_, Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Diver's Name)

I / We authorize *TNT Diving, one of its coaches or representatives* to consent to any examination, anesthetic, X-Ray, medical or surgical diagnosis or treatment and/or hospital care to be rendered to the above named minor child under the general or special supervision and on the advice of any physician or surgeon licensed to practice when efforts to contact us are unsuccessful.

This consent is granted free for a period of (1) year from date on form.

\_\_\_\_\_  
(Parent or Guardian Signature) Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Parent or Guardian Signature) Date \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTARY

City/Council of \_\_\_\_\_

Commonwealth/State of \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Notary Signature)

My Commission expires \_\_\_\_\_ 20\_\_\_\_

*\*\*NOTE: This signed and notarized Authorization to Consent to Medical Treatment Form and the Emergency Information Form will be kept at the Upper Dublin High School Pool in the event that an accident occurs and the parent(s) or guardian(s) cannot be reached. These form must be completed and on file with TNT Diving prior to any participation in the TNT Diving Program.*