



\_\_\_\_\_ (Diver's Last Name)

**DIVE Cincinnati, Inc.**  
**Authorization to Consent to Medical Treatment**  
**For A Minor Child – 2017-2018 Season**

*(THIS FORM MUST BE NOTARIZED)*

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

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

\_\_\_\_\_, Age \_\_\_\_\_.  
(Diver's Name) (Age)

I / We authorize *DIVE Cincinnati, Inc.*, 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 for a **period of one (1) year from date listed on form.**

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

\_\_\_\_\_  
(Witness signature)

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

\_\_\_\_\_  
(Witness signature)

**Notary**

City/County 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 NKU Pool and / or taken to diving meets, Bubbler Trips, etc. in the event that an accident occurs and the parent(s) or guardian(s) cannot be reached. These forms must be fully and properly completed and on file with DIVE Cincinnati, Inc. prior to any participation in the DIVE Cincinnati Program.**