



**DIVER'S  
EMERGENCY  
INFORMATION**



This form must be on all club diving functions and must be updated by the diver **PRIOR** to diving, and it must be given to the dive chair.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Blood Type \_\_\_\_\_ D.A.N. Insurance Policy # \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Number \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies & Medication taking at the time of the dive \_\_\_\_\_

**CONTACT IN CASE OF EMERGENCY**

At least 2 current contacts must be provided.

**IS ALL INFO CURRENT?**

Date / Initial / Dive Location

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**CERTIFICATION:**

Level \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Cert. Number \_\_\_\_\_

Level \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Cert. Number \_\_\_\_\_

Level \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Cert. Number \_\_\_\_\_