

Emergency Medical Information

(all information is strictly confidential; access is allowed on a need to know basis)

Participant's Name: _____

In case of emergency, contact (name, relationship): _____

Contact's Telephone #: _____

Name of Participant's Physician: _____

Physician's Telephone #: _____

Medical Insurance Company: _____

Med. Insurance Company's Emergency Contact #: _____

Medical Insurance Policy Number: _____

Dive Accident Insurance Company (ex. DAN): _____

Dive Accident Insurance Policy #: _____

Dive Accident Insurance's Emergency Contact #: _____

Please list any special medical conditions that emergency caregivers should know about (e.g. food or drug allergies, contact lens wearer, prescription and over-the-counter medications, etc.):
