

Emergency Assistance Plan

Diver information

Name: _____ Age: _____

DAN Member # _____

Address: _____

Emergency contact phone: _____

Current complaint: _____

Significant past medical history (medications, allergies, previous injuries, etc.):

Dive Profile	Depth	Time	Safety Stops/Deco	Surface Interval
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Dive #1 _____

Dive #2 _____

Dive #3 _____

Dive #4 _____

Dive #5 _____

Exit water time: _____ AM/PM Breathing gas: air/nitrox/mix _____ %

Emergency assistance plan

Initial contact information: _____

Emergency medical assistance: _____

Nearest medical facility directions: _____

Phone: _____

Diving medical consultation information:

Divers Alert Network (DAN): +1-919-684-9111*

** This number may be called collect in an emergency.*

Other important information: _____

Phone: _____

Notes: