

CONSENT TO ADMISSION AND TREATMENT

In the event of injury to the undersigned, _____ born on _____, I hereby authorize the University of Miami or representatives thereof, to admit me to a facility for emergency medical treatment as may be deemed necessary to my health or welfare.

I hereby consent to whatever medical treatment is deemed necessary. I, on my behalf, and behalf of my heirs, successors, assigns, and personal representatives, hereby release the University of Miami, its trustees, officers, faculty and employees from any and all claims arising from my admission to such a facility or from such treatment administered by such a facility.

Date

Diver's Name (Print Clearly)

Diver's Signature

Insurance Information

Insurance Company

Policy Number

Expiration Date

DAN – (Circle one) YES or NO If YES

DAN Number

Expiration Date

In the event of an emergency, please contact:

Name/Relationship

Best Phone # for contacting

Alternate Phone #

Name/Relationship

Best Phone # for contacting

Alternate Phone #

Diver's Local Address: _____ Local Phone: _____

Permanent Home Address and Phone: (if different than local):

MEDICAL HISTORY

PLEASE PRINT CLEARLY

List all medical conditions:

Medications currently taking:

List all allergies (environmental, food, and medical):

Anything else EMS/doctors should know:
