CONSENT TO ADMISSION AND TREATMENT

(Page 1 of 2)

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 of 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 N	NO IF YES	Expiration Date
In the event of an emergenc	y, please contact:	
Name/Relationship	Best Phone # for contacti	ng Alternate Phone #
Name/Relationship	Best Phone # for contacti	ng Alternate Phone #
Diver's Local Address:	Lo	cal Phone:
Permanent Home Address an	d Phone: (if different than local):	

MEDICAL HISTORY (Page 2 of 2)

PLEASE PRINT CLEARLY
List all medical conditions
Medications currently taking
List all allergies (environmental, food, and medical)
Anything else EMS/doctors should know