

## 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	_____	_____	_____	_____
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Dive #2	_____	_____	_____	_____
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Dive #3	_____	_____	_____	_____
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Dive #4	_____	_____	_____	_____
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Dive #5	_____	_____	_____	_____
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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: