

## 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: