

**CONSENT TO ADMISSION AND TREATMENT**

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In the event of injury to the undersigned, \_\_\_\_\_,  
born \_\_\_\_\_ Social Security # \_\_\_\_\_,  
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
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**Insurance Information**

Insurance Company	Policy Number	Expiration Date
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DAN – (Circle one) YES or NO If YES	DAN Number	Expiration Date
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**In the event of an emergency, please contact:**

Name/Relationship	Best Phone # for contacting	Alternate Phone #
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Name/Relationship	Best Phone # for contacting	Alternate Phone #
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Diver's Local Address: \_\_\_\_\_ Local Phone: \_\_\_\_\_

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

\_\_\_\_\_

# **MEDICAL HISTORY**

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**PLEASE PRINT CLEARLY**

**List all medical conditions** \_\_\_\_\_

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**Medications currently taking** \_\_\_\_\_

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**List all allergies (environmental, food, and medical)** \_\_\_\_\_

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**Anything else EMS/doctors should know** \_\_\_\_\_

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