

EMERGENCY INFORMATION FORM

Today's Date: _____

Camper's Name _____ Home # _____ DOB ____ / ____ / ____ Age ____

Address _____ City _____ State _____ Zip _____

To best serve your child in case of an accident or sudden illness, it is necessary that you furnish the following information.

Mother's Name _____ Cell # _____ Email: _____

Father's name _____ Cell # _____ Email: _____

List two (2) neighbors or close by relatives who will assume temporary care of your child if you cannot be reached.

Name _____ Name _____

Home # _____ Home # _____

Cell # _____ Cell # _____

List any health conditions or medic alerts such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic conditions, etc. and explain.

Doctor's Name _____ Office # _____

Parents of _____ (camper's name) have medical insurance with the
_____ insurance co. (group # _____) Father employed
by _____, Mother employed by _____.

Please copy your insurance card and attach to this form.

I, the undersigned, do hereby authorize officials of "Fintastic Diving Adventures, LLC" to contact directly the persons named on the emergency information form, and do authorize physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event physicians, or other persons named on said form, or parents, cannot be contacted, the staff of Fintastic Diving Adventures are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold "Fintastic Diving Adventures, LLC" financially responsible for the emergency care and /or transportation for said child.

Camper's LAST name First name Middle Initial - - SS#

Parent or Guardian

Notary

Number