

CONSENT TO ADMISSION AND TREATMENT

(Page 1 of 2)

In the event of injury to the undersigned, _____,
born _____ Social Security # _____,
I hereby authorize the Hawaii Pacific University 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 Hawaii Pacific
University, 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
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Insurance Information

Insurance Company	Policy Number	Expiration Date
	DAN Number	Expiration Date

In the event of an emergency, please contact:

Name/Relationship	Best Phone # for contacting	Alternate Phone #
Name/Relationship	Best Phone # for contacting	Alternate Phone #

Diver's Local Address: _____ Local Phone: _____

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

MEDICAL HISTORY

(Page 2 of 2)

PLEASE PRINT CLEARLY

Print Name:

List all medical conditions

List all the medications you are currently taking

List all allergies (environmental, food, and medical)

Anything else EMS/doctors should know