## Contact information

|  |  |
| --- | --- |
| Name, surname |  |
| Address Street + house number  Zip code + city  Country |  |
|  |  |
| Date of Birth |  |
| Telephone number  *(vermeld ook steeds voornummer +32)* |  |
| Email |  |
| National insurance number  *(rijksregisternummer)* |  |

**Assurance info**

* DAN – Divers Alert Network Europe  
  Membership n°   
  national Emergencies tel +39 0642115685

**Contact details In Case of Emergency** *(name, surname, kinship, number and email)*

|  |  |
| --- | --- |
| ICE 1 |  |
| ICE 2 |  |
|  |  |

**Contact details dive club**

[info@recreationaldiving.be](mailto:info@recreationaldiving.be), [www.recreationaldiving.be](http://www.recreationaldiving.be)

Dubbelsingel 12 – 8310 Brugge - Belgium

DAN Europe partner nr 196451

**Contact details general practitioner**

# Medical information

**Daily medication** *(Name, dosis, frequeny)*

**Allergies**

**Medical history**

*Vermeld ook het jaartal*