## 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, [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*