

**Appendix 10.4**  
**Florida Tech Emergency Information Card**  
**For Dive Safety Officer**  
(Duplicate on 3 x 5 card or equivalent for Lead Diver)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
          (Last)           (First)       (MI)

In case of emergency, contact:

Doctor:

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Insurance Company/Policy #: \_\_\_\_\_

Religion: \_\_\_\_\_

Allergies:

Other Medical Conditions: