



## Pre-Dive Consent Form

This form must be completed before diving

**Date**

**Location**

**Dive Marshal / Lead Diver**

**Applicable Risk Analyses**  
(Tick all applicable)

**Baseline**

**Elementary**

**Shore Diving**

**Boat Diving**

**Drift Diving**

**Other:** \_\_\_\_\_

| Name | Emergency Contact Details | Risk Analysis Read | Known Medical Issues & Medication | Signature |
|------|---------------------------|--------------------|-----------------------------------|-----------|
|      |                           |                    |                                   |           |
|      |                           |                    |                                   |           |
|      |                           |                    |                                   |           |
|      |                           |                    |                                   |           |
|      |                           |                    |                                   |           |
|      |                           |                    |                                   |           |
|      |                           |                    |                                   |           |
|      |                           |                    |                                   |           |
|      |                           |                    |                                   |           |

**Keep on boat/with dive marshal**