

South Bay Regional Public Safety Training Consortium

EMERGENCY INFORMATION CARD

The information listed below will be used in case of an emergency during your course. Please complete each area.

LAST NAME	FIRST NAME	M.I.
EMPLOYING AGENCY (IF APPLICABLE)		
AGENCY CONTACT NAME/RANK	WORK PHONE: CELL PHONE:	

YOUR HOME ADDRESS:	
YOUR HOME PHONE NUMBER:	
LAST FOUR OF SOCIAL SECURITY NUMBER:	
YOUR MEDICAL INSURANCE CARRIER:	
NAME OF PRIMARY INSURED:	
POLICY NUMBER/GROUP:	

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY:	
RELATIONSHIP TO YOU:	
HOME ADDRESS:	
HOME PHONE NUMBER:	
WORK ADDRESS:	
WORK PHONE NUMBER:	

Is there any medical condition that we should know about when briefing emergency medical personnel, should you be rendered incapable of doing so?

SIGNATURE: _____

DATE: _____