



CALIFORNIA IDENTIFICATION CARD



ID **Y3300558**
EXP **07/08/2022**
LN **CANALES**
FN **PEDRO**
2012 E MISSION AVE UNIT 2
ESCONDIDO, CA 92027
DOB **07/08/1997**



07081997

SEX M	HAIR BLK	EYES BLK
HGT 5'-10"	WGT 220 lb	ISS
DD 01/18/201750249/AAFD/22		01/18/2017

Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency.

Please be sure to sign and date this form

Name: Canales Pedro
Last First MI

Phone: _____
Home: _____ Cell: 818-492-6699

Home Email Address: _____

Address: 5245 Whitsett Valley Village 91607
Street City State Zip Code

Primary Emergency Contact Name: Canales Florida
Last First

Relationship: Hermana

Phone: _____
Home: _____ Cell: 818 212 8762 Work: _____

Secondary Emergency Contact Name: Polo Ricardo
Last First

Relationship: _____

Phone: _____
Home: _____ Cell: 818 799 7421 Work: _____

Preferred Local Hospital: _____

Insurance Information:

Company: _____ Policy #: _____

Comments (include any special medical or personal information you would want an emergency care provider to know – or special contact information:

Signature: [Signature] Date: 27/10/17