

# 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: Rivera Sofia R.  
Last First MI

Phone: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: (323) 219 7424

Home Email Address: \_\_\_\_\_

Address: 111 N. Alexandria Ave HS WA. 90004  
Street City State Zip Code

Primary Emergency Contact Name: Rivera Edenilson  
Last First

Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: (323) 350-0040 Work: \_\_\_\_\_

Secondary Emergency Contact Name: Rivera Oscar  
Last First

Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: (323) 333-8335 Work: \_\_\_\_\_

Preferred Local Hospital: SAN VICENTE.

Insurance Information:  
Company: Blue Cross C. 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: 10/24/17