

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: Garcia Edgardo A
Last First MI

Phone: _____
Home: _____ Cell: 714-905-3689

Home Email Address: edalgama24@yahoo.com

Address: 6841 Sepulveda Blvd Van Nuys CA 91405
Street City State Zip Code

Primary Emergency Contact Name: Cartagena Blanca
Last First

Relationship: Wife

Phone: _____
Home: _____ Cell: 818-812-0584 Work: _____

Secondary Emergency Contact Name: Ortega Ivón
Last First

Relationship: Sister


Phone: _____
Home: _____ Cell: 714-595-0618 Work: _____

Preferred Local Hospital: Valley Presbyterian

Insurance Information:

Company: Medical Policy #: 91231247C37033

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

Signature:  Date: 11/7/17

CALIFORNIA

DRIVER LICENSE

DL Y3427591



EXP 02/14/2020

LN GARCIA MARTINEZ
FN EDGARDO ALFREDO
6841 SEPULVEDA BLVD APT 310
VAN NUYS, CA 91405

DOB 02/14/1986

RSTR CORR LENS



02141986

SEX M HAIR BRN EYES BRN
HGT 5'-11" WGT 210 lb
DD 10/05/201569313/LSFD/20

ISS 10/09/2015

FEDERAL
LIMITS
APPLY
CLASS C
END NONE