

**YUBA COLLEGE
ADMINISTRATION OF JUSTICE
EMERGENCY INFORMATION AND NOTIFICATION**

NAME (LAST, FIRST, MIDDLE INITIAL)

HOME ADDRESS

HOME PHONE (INCLUDING AREA CODE)

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

SOCIAL SECURITY #

EMERGENCY INFORMATION

GENERAL PHYSICIAN _____ PHONE (INCLUDE AREA CODE)

ADDRESS

SPECIALIST PHYSICIAN(SPECIALTY)

ADDRESS

PHONE NUMBER (INCLUDE AREA CODE)

HOSPITAL PREFERENCE

ADDRESS

PHONE NUMBER (INCLUDE AREA CODE)

HEALTH PLAN

ALLERGIES _____ BLOOD TYPE

IN CASE OF EMERGENCY, NOTIFY

SPOUSE _____ WORK PHONE (INCLUDE AREA CODE)

WORK ADDRESS

OTHER RELATIVE (SPECIFY RELATIONSHIP)

PHONE (AREA CODE) _____ WORK PHONE (AREA CODE)

HOME ADDRESS

WORK ADDRESS

OTHER (SPECIFY RELATIONSHIP)

PHONE (INCLUDE AREA CODE)

ADDRESS

SIGNATURE _____ DATE _____