



**YUBA COLLEGE
PUBLIC SAFETY CENTER
EMERGENCY INFORMATION AND NOTIFICATION**

Part 1 - Student Information:

Name: _____
Last, First, Middle Initial

Address: _____
Number, Street, Apt#, City, State, Zip

Home Phone: _____ Cell Phone: _____

Email: _____

Blood Type (if known): _____ Allergies: None Yes (IMPORTANT: List & provide specific instructions in the event of an emergency-if applicable)

Part 2- Physician Information:

Physician: _____ Phone: _____

Address: _____

I currently do not have a private physician and prefer to be seen at

Name and Address: _____

Part 3- Insurance

Do you have medical/health care coverage available to you through your employer/spouse /parents?

Yes No If yes: Insurance Company: _____ Policy # _____

Part -3 In Case of Emergency Notify

Name: _____ Relationship: _____

Home Phone: _____ Cell or Other Phone: _____

Address: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell or Other Phone: _____

Address: _____

Affiliated: Yes No Agency: _____

Training Manager: _____ Phone: _____

Cadet Signature: _____ Date: _____