



YUBA COLLEGE
PUBLIC SAFETY CENTER
EMERGENCY INFORMATION AND NOTIFICATION

Level I Level II Level III PC 832 Other

Part 1 - Student Information:

Name: Last, First, Middle Initial

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

Home Phone: Cell Phone:

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: