



51

# 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: Lopes Martinez Gregorio  
Last First MI

Phone: Home: 323-567-7626 Cell: 213-321-6590

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

Address: 801 E 98th St Los Angeles CA 90002  
Street City State Zip Code

Primary Emergency Contact Name: Martinez Reyna  
Last First

Relationship: WIFE

Phone: Home: 323-567-7626 Cell: 323-245-9020 Work: \_\_\_\_\_

Secondary Emergency Contact Name: Martinez Domenica  
Last First

Relationship: daughter

Phone: Home: \_\_\_\_\_ Cell: (323) 603-1735 Work: \_\_\_\_\_

Preferred Local Hospital: \_\_\_\_\_

Insurance Information:

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Signature: Gregorio Martinez Date: 11-27-17