

# 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: Linares Luis A.  
Last First MI

Phone: 323 491 5238 Cell: Same  
Home:

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

Address: 837 S. Mariposa Ave Los Angeles CA 90005  
Street City State Zip Code

Primary Emergency Contact Name: Morales Maria  
Last First

Relationship: esposa

Phone: 323 7600 4170 Cell: Same Work: Same  
Home:

Secondary Emergency Contact Name: Linares Janeth  
Last First

Relationship: Hermana

Phone: 213-268 8249 Cell: Same Work: same  
Home:

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

Insurance Information:  
Company: Anthem Blue Cross Policy #: ~~9210~~

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

Signature: Luis Armando Linares Date: 01-30-18