

**South Bay Regional Public Safety Training Consortium  
PC832 Laws of Arrest**

**EMERGENCY INFORMATION CARD**

The below listed information will be used in case of an emergency during your attendance of the PC832 Laws of Arrest course. Please complete each area, using block printing, in black ink.

|   |                   |                        |
|---|-------------------|------------------------|
| <b>LAST NAME</b>                        | <b>FIRST NAME</b> | <b>M.I.</b>            |
| <b>EMPLOYING AGENCY (IF APPLICABLE)</b> |                   |                        |
| <b>AGENCY CONTACT NAME/RANK</b>         |                   | <b>PHONE<br/>PAGER</b> |

|  |                      |
|--|----------------------|
| <b>YOUR HOME ADDRESS:</b>                  |                      |
| <b>YOUR HOME PHONE NUMBER:</b>             |                      |
| <b>SOCIAL SECURITY NUMBER:</b>             |                      |
| <b>YOUR MEDICAL INSURANCE INFORMATION:</b> |                      |
| <b>CARRIER:</b>                            | <b>INSURED NAME:</b> |
| <b>POLICY NUMBER:</b>                      | <b>GROUP:</b>        |

(Attached copy of medical card or enrollment form)\*

|   |  |
|---|--|
| <b>PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY:</b> |  |
| <b>RELATIONSHIP TO YOU:</b>                           |  |
| <b>HOME ADDRESS:</b>                                  |  |
| <b>HOME PHONE NUMBER:</b>                             |  |
| <b>WORK ADDRESS:</b>                                  |  |
| <b>WORK PHONE NUMBER:</b>                             |  |

|   |
|---|
| Is there any medical condition that we should know about when briefing emergency medical personnel, should you be rendered incapable of doing so? |
|   |
|   |

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_