

EI Camino College
EMERGENCY FORM

Name _____
(Last) (First) (Middle)

Address: _____ Phone: (____) _____ Age: 18 or over _____
City: _____ Zip Code _____ Under 18 _____
Course: _____ Date: _____

Students UNDER 18 Fill Out Sections 1 and 2

1. NAME OF MOTHER: _____
ADDRESS OF MOTHER: _____ CITY: _____ ZIPCODE: _____
PLACE OF EMPLOYMENT: _____
2. NAME OF FATHER/GUARDIAN: _____
ADDRESS OF ABOVE: _____ CITY: _____ ZIPCODE: _____
PLACE OF EMPLOYMENT: _____

Students 18 OR OVER Fill Out Section 3

3. Name of person or persons to be notified in case of serious accident or illness: NAME: _____
ADDRESS: _____ PHONE: (____) _____
NAME: _____
ADDRESS: _____ PHONE: (____) _____

I hereby give my permission for _____ to be taken to an emergency
(Name of Student)
hospital in case of a serious accident.

7/84 SIGNATURE: _____