

LSJE, LLC

6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348
Phone: [REDACTED] E-mail: thesaintjames.group@gmail.com

Emergency Contact Form

Today's Date: 2/6/19

Start Date: [REDACTED]

Employee Name: Sheridan Gleece

Date of Birth: [REDACTED]

Physical Address: [REDACTED]

Mailing Address: [REDACTED]

Cell Phone: [REDACTED]

Phone (other): [REDACTED]

E-mail: [REDACTED]

Marital Status: [REDACTED]

Title/Position: [REDACTED]

Driver's License No: [REDACTED]

Allergies or Health Concerns: [REDACTED]

Blood type:

☐ A- ☐ A+ ☐ AB- ☐ AB+ ☐ B- ☐ B+ ☐ O- ☐ O+ ☐ Unknown

Current Medications: [REDACTED]

Doctor's Name: [REDACTED]

Doctor's Phone: [REDACTED]

Doctor's Name: [REDACTED]

Doctor's Phone: [REDACTED]

In case of emergency, please contact:

Name: [REDACTED]

Relationship: wife

Phone: [REDACTED]

Name: [REDACTED]

Relationship: [REDACTED]

Phone: [REDACTED]

This information is for your safety and the safety of others.