

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: [REDACTED] Fax: [REDACTED]

Emergency Contact Form

Date: 04/09/18

Start Date: _____

Employee Name: [REDACTED]

Address: [REDACTED] St. Thomas, VI 00802

Date of Birth: [REDACTED]

Phone: [REDACTED]

Cell: [REDACTED]

E-Mail: _____

Title / Position: Housekeeper

Marital Status: Married

License: [REDACTED]

Emergency Information:

No

Allergies or Health Concerns:

Blood Type: [REDACTED]

Current Medication:

Doctor's Name: _____

Phone: _____

Doctor's Name: _____

Phone: _____

In case of an Emergency, Please contact :

Name [REDACTED]

Relationship _____

Phone [REDACTED]

Name [REDACTED]

Relationship _____

Pastor _____

Phone [REDACTED]

This Information is for your safety and the safety of others