

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: 340-775-8100 Fax: 340-775-8108

Emergency Contact Form

Date: 09/10/18

Start Date: 08/26/2018

Employee Name: Stephanie Remington

Address: [REDACTED] 18-1-3 Estate Smith Bay 00802

Date of Birth: [REDACTED]

Phone: [REDACTED]

Cell: [REDACTED]

E-Mail: [REDACTED]

Title / Position: Asst to Manager

Marital Status: Single

License: [REDACTED]

Emergency Information:

Allergies or Health Concerns: [REDACTED]

Blood Type: [REDACTED]

Current Medication: [REDACTED]

Doctor's Name: Island Health & Wellness Center

Phone: [REDACTED]

Doctor's Name: [REDACTED]

Phone: [REDACTED]

In case of an Emergency, Please contact :

Name [REDACTED]

Relationship

Friend

Phone [REDACTED]

Name [REDACTED]

Relationship

Son

Phone [REDACTED]

This Information is for your safety and the safety of others