

# 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: 04/09/18

Start Date: \_\_\_\_\_

Employee Name: [REDACTED]

Address: [REDACTED]

Date of Birth: 06/20/67

Phone: [REDACTED]

Cell: [REDACTED]

E-Mail: \_\_\_\_\_

Title / Position: Housekeeper

Marital Status: Married

License:

### Emergency Information:

Allergies or Health Concerns: No

Blood Type:

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*

**CONFIDENTIAL**

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