

# 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: 03/19/18

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

Employee Name: Gael J Leatham

Address: [REDACTED]

Date of Birth: [REDACTED]

Phone: \_\_\_\_\_

Cell: [REDACTED]

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

Title / Position: Landscaping

Marital Status: Single

License: [REDACTED]

Emergency Information:

Allergies or Health Concerns:

Blood Type:

O+

Current Medication:

Doctor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

In case of an Emergency, Please contact :

Name	Kendra Daniel	Relationship	Girlfriend	Phone
Name	Sophie Happar	Relationship	Sister	Phone [REDACTED]

*This Information is for your safety and the safety of others*

CONFIDENTIAL

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