

Declined to Complete

## 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:	<input type="text"/>	Start Date:	<input type="text"/>
Employee Name:	<input type="text" value="Peter Eli"/>	Date of Birth:	<input type="text"/>
Physical Address:	<input type="text"/>		
Mailing Address:	<input type="text"/>		
Cell Phone:	<input type="text"/>	Phone (other):	<input type="text"/>
E-mail:	<input type="text"/>	Marital Status:	<input type="text"/>
Title/Position:	<input type="text"/>	Driver's License No:	<input type="text"/>

Allergies or Health Concerns:

Blood type:

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

Current Medications:

Doctor's Name:  Doctor's Phone:

Doctor's Name:  Doctor's Phone:

In case of emergency, please contact:

Name:  Relationship:  Phone:

Name:  Relationship:  Phone:

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