

[illegible]

Please provide the details of any of your friends		
Name: VALLURI SATISH	Location: Khairpali	Profession: Business
Home Phone: 8249783293	Work Phone: 8249783293	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: VALLURI KAMARAJU	Relationship: FATHER	
Home Phone: 9178552345	Work Phone: 9178552345	Cellular Phone:
Name: N. WANI	Relationship: Sister	
Home Phone 9337441330	Work Phone 9337441330	Cellular Phone:
Preferred Hospital:		
Physician's Name	Specialist Name:	Dentist Name:
Phone:	Phone:	Phone:
List all medications that you are taking (prescription and over the counter). If necessary include the reason of medication:		
List allergies to medicine, food or other allergens, and any medical information such as physical impairments and assistive devices, that emergency personal need to be aware of, attach documentation is necessary:		
II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT		
Employee Signature: V. Suresh		Date Signed: 22/11/2021