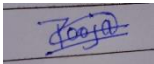


[illegible]

Please provide the details of any of your friends		
Name: Mrunal Shingate	Location: Ulwe	Profession: Working
Home Phone: 8850554229	Work Phone:	Cellular Phone:
Name: Aditya Mhaske	Location: Juinagar	Profession: Working
Home Phone: 8355814629	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Lalman Pal	Relationship: Father	
Home Phone: 9029946122	Work Phone:	Cellular Phone:
Name: Aditya Mhaske	Relationship: Friend	
Home Phone: 8355814629	Work Phone	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: 		Date Signed: 06/05/2024