


[illegible]

Please provide the details of any of your friends		
Name: RAKESH KU	Location: KERALA	Profession: IT
Home Phone:	Work Phone:	Cellular Phone:8129820730
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: ASWATHY K SUKUMARAN	Relationship:WIFE	
Home Phone:	Work Phone:	Cellular Phone:9400946448
Name: RAKESH KU	Relationship: FRIEND	
Home Phone	Work Phone	Cellular Phone: 8129820730
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:19-05-2025