


Please provide the details of any of your friends		
Name: Rahul Dewase	Location: Khidkali	Profession: Private Job
Home Phone:	Work Phone:	Cellular Phone: 8180973959
Name: Pankaj Diyewar	Location: Khidkali	Profession: Private Job
Home Phone:	Work Phone:	Cellular Phone: 7262032208
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Nikita Prakash Chourewar	Relationship:	
Home Phone:	Work Phone:	Cellular Phone: 9763095695
Name: Rahul Dewase	Relationship:	
Home Phone	Work Phone	Cellular Phone: 8180973959
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: 7 March 2026