

Please provide the details of any of your friends		
Name: Harshit Gupta	Location: Kamlanagar Agra, Uttar Pradesh	Profession: Student
Home Phone:	Work Phone:	Cellular Phone: 8634305124
Name: Astha Goyal	Location: Shastripuram Agra, Uttar Pradesh	Profession: Student
Home Phone:	Work Phone:	Cellular Phone: 9119789568
Name: Puneet Kumar Sharma	Location: Shastripuram Agra, Uttar Pradesh	Profession: Student
Home Phone:	Work Phone:	Cellular Phone: 9634802972
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Raj Kumar Thakur	Relationship: Father	
Home Phone:	Work Phone:	Cellular Phone: 9781425147
Name:	Relationship:	
Home Phone	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: N/A		
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: N/A		
II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT		
Employee Signature: <u>Mayank</u>		Date Signed: 21-Feb-2023