ASH ELECTRIC LLC
LIGHT'EM UP

Electrical Construction • Service • Preventive Maintenance

Employee Medical Release Form

Employee Information

Full Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Emergency Contact Name: _____

Relationship: _____Phone Number: _____

Emergency Contact Name: _____

Relationship: _____Phone Number: _____

Medical History

Primary Physician: _____Phone Number: _____

Known Allergies (food, drug, or environmental): _____

Current Medications: _____

Past or Current Medical Conditions (e.g., asthma, diabetes, heart conditions, seizures):

_____

Preferred Hospital/Clinic: _____

Medical Release and Consent

I hereby authorize emergency medical treatment to be administered to me in the event of an accident, illness, or medical emergency occurring during the course of employment or while on company premises.

I understand that this authorization permits Ash Electric LLC, its supervisors, or designated representatives to secure medical treatment on my behalf, including but not limited to transportation by emergency services, hospitalization, and treatment by licensed medical personnel.

I further release Ash Electric LLC and its representatives from liability for any medical care provided in good faith under this authorization.

Acknowledgment and Signature

Employee Printed Name: _____

Employee Signature: _____Date: _____

HR Representative Signature: _____Date: _____