

Sally Markley ATR, LPC
Emergency Contact Form

Client Name: _____

Client DOB: _____

I, _____, give permission to contact the emergency contact person that I have listed below.

Emergency contact person's name: _____

Relation to the Client: _____

Cell Number: _____ Home/Work Number: _____

Address: _____

Please Check Approved Reasons for utilizing the emergency contact.

<input type="checkbox"/>	Missed Appointments
<input type="checkbox"/>	Late arrival for Pick-Up / Transportation Concerns
<input type="checkbox"/>	Canceling/Rescheduling of an appointment
<input type="checkbox"/>	Concerning Symptoms of Child
<input type="checkbox"/>	Lack of contact or ability to reach client and/or guardian.

Name/Relation to Client: _____

Signature/Date: _____

Witness Name: _____

Witness Signature/Date: _____