



Emergency Contact Form

Client's Name: _____

Client's Address

Street: _____

City/State: _____

Zip code: _____

Parent/Guardian Name: _____

- Address same as client

Street: _____

City/State: _____

Zip code: _____

Phone Numbers

• Home: _____

• Cell: _____

• Work: _____

Emergency Contact #1

Name: _____ Relationship to client: _____

Address: _____

Phone number(s): _____

Emergency Contact #2

Name: _____ Relationship to client: _____

Address: _____

Phone number(s): _____

Please be aware that in case of an emergency we may need to contact 911

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____