

# Croton Children and Family Counseling

## Emergency Contact Form

Please complete the following emergency contact form to provide us with important information in case of a mental health emergency or crisis situation during therapy sessions. This information will be kept confidential and used only for emergency purposes.

### Client Information

Name of Client:

Date of Birth:

### Emergency Contact Information

Emergency Contact Name:

Relationship to Client:

Contact Phone Number:

By signing below, I acknowledge that I have provided accurate and up-to-date emergency contact information to Croton Children and Family Counseling. I understand that this information will be kept confidential and used only for emergency purposes.

Client's Signature:

Date:

Parent/Guardian Signature (if applicable):

Date: