



Client Name:

Emergency Contact Information Form

Client Name

(Last Name, First Name, Middle Initial)

CSUN ID #

Email:

Alternative Email:

Phone:

Major:

In case of an emergency while you are a client at The Westlund Center's Tele-Mental Health Division, please list anyone who you would like us to contact, and with whom you will allow us to share information about your location, situation and logistical requirements.

Emergency Contact Name
(in the U.S.)

(Last Name, First Name)

Relationship to you:

Address:

Email:

Cell Phone:

Work Phone:

Home Phone:

Emergency Contact Name
(outside the U.S)

(Last Name, First Name)

Relationship to you:

Address:

Email:

Phone:

(Include Country Code)

Client Signature: _____

Date: _____