ars.unica@artflozen.org

https://www.artflozen.org

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**EMERGENCY CONTACT INFORMATION FORM**

**CLIENT INFORMATION**

**Name:** _____

**Phone:** _____

**Address:** _____

**EMERGENCY CONTACT**

**Name:** _____

**Relationship:** _____

**Phone:** _____

**Address:** _____

**CONSENT TO CONTACT EMERGENCY CONTACT**

**I, _____,**
**give my consent to contact my emergency contact in the following situations:**

**□ Risk of harm to myself or others**

**□ Medical or psychological emergency**

**□ Severe emotional distress or crisis**

**□ Inability to reach me to confirm my safety**

**□ Signs of relapse that may compromise my well-being**

**□ Any situation where my safety or stability is at risk**

**Client Name:** _____

**Client's Signature:** _____

**Date:** _____