

EMERGENCY CONTACT FORM

In case of a medical and/or psychiatric emergency, I authorize M. Kirstine Benoit to contact the person(s) listed below. I also give M. Kirstine Benoit authorization to discuss my current emergency with the person(s) listed below.

Client Name: _____ D.O.B _____/_____/_____

Emergency Contact: _____ Relationship: _____

Phone number:

(H) _____

(C) _____

(Work or Other) _____

Client Signature: _____ Date: _____

(parent/guardian signature if client is a minor)