Emergency Contact Information

Client Contact Information:

Name: _____
Full Address: _____

Phone Number: _____

In the case of an emergency, I authorize Lisa Amarant, LCSW (Therapist), to contact the following individual(s):

_____(Name)

_____ (Relationship)

_____ (Contact Number)

_____(Name)

_____ (Relationship)

_____ (Contact Number)

I understand that my therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency.

_____ (Printed Name)

_____ (Signature)

_____ (Date)