

Emergency Contact Information Form

This information will be extremely important in the event of a crisis, accident or medical emergency. Please be sure to sign and date this form. Please Print.

Name: _____

Last First MI

Phone: Home: _____ **Cell:** _____

Home Address: _____

Street City State Zip Code

Email Address: _____

Primary Emergency Contact Name: _____

Last First

Relationship: _____ **Phone: Home:** _____

Cell: _____ **Work:** _____

Secondary Emergency Contact Name: _____

Last First

Relationship: _____ **Phone: Home:** _____

Cell: _____ **Work:** _____

Preferred Local Hospital: _____

Insurance Information Company: _____ **Policy #:** _____

By your signature below you give permission for James Davidson, Counselor and/or OneHeartTLC to contact the person(s) you have provided above and discuss (and/or make decisions relevant to you) to help you in an emergency or time of crisis; and/or when you need immediate assistance and you are unable to make that decision for yourself; and/or you are in need for additional help and consent. **Comments** (include any special medical or personal information you would want an emergency care provider to know – or special contact information(Use back of this form if needed)

Signature: _____ **Date:** _____