



# WHITE OAK *Counseling and Recovery*

*Professionally Licensed Counseling from a Christian World and Life Perspective*

## **EMERGENCY CONTACT AUTHORIZATION FORM**

Client Name \_\_\_\_\_

### **Personal Contact Info:**

Home Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

### **Emergency Contact Info:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

### **Medical Contact Info:**

Doctor Name \_\_\_\_\_ Phone # \_\_\_\_\_

I have voluntarily provided the above contact information and authorize \_\_\_\_\_  
and its representatives to contact any of the above named on my behalf in the event of an emergency.

Signature \_\_\_\_\_ Date \_\_\_\_\_