



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 _____