

# EMERGENCY CONTACT LIST

THIS FORM EXPIRES ON:

**CLIENT'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE FILL OUT AND SIGN A NEW EMERGENCY CONTACT LIST EACH YEAR**

**MY NAME:** \_\_\_\_\_  
**PLEASE PRINT FULL NAME**

**PLEASE CALL ME AT THESE PHONE NUMBERS:**

**HOME:** .....  
**MOBILE:** .....  
**WORK:** .....

**IF YOU CANNOT REACH ME, PLEASE CALL:**

**NAME:** .....  
**RELATIONSHIP:** .....  
**HOME:** .....  
**MOBILE:** .....  
**WORK:** .....

## ALLERGIES

**POTENTIALLY LIFE-THREATENING**

## I AM CLIENT'S

- PARENT
- GRANDPARENT
- LEGAL GUARDIAN

**CLIENT IS CURRENTLY TAKING THESE MEDICATIONS**

Please remember EDADP cannot administer meds!

## NOTES:

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

By signing this form, I authorize EDADP to call 911 on behalf of said client in the event of an emergency.