

## Emergency Contact Information Form

Client Name: \_\_\_\_\_  
Last First

### Primary Emergency Contact Information:

Name: \_\_\_\_\_  
Last First

Relationship to client: \_\_\_\_\_

Contact number: \_\_\_\_\_

### Secondary Emergency Contact Information:

Name: \_\_\_\_\_  
Last First

Relationship to client: \_\_\_\_\_

Contact number: \_\_\_\_\_

By signing this form, I consent for the staff from PCCC to contact the emergency contacts listed if necessary.

Client Signature: \_\_\_\_\_

Guardian Signature (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_