

Client Emergency Contact Information Update Sheet

Please complete this form to update your emergency contact details. You may type directly into the fields before printing, or print the blank sheet and fill it out by hand.

Client Information

Client Full Name:

Date of Birth (MM/DD/YYYY):

Current Phone Number:

Current Home Address:

Primary Emergency Contact

Contact Full Name:

Relationship to Client (e.g., Spouse, Parent, Friend):

Primary Phone Number:

Secondary/Alternative Phone Number:

Email Address:

Secondary Emergency Contact

Contact Full Name:

Relationship to Client:

Primary Phone Number:

Secondary/Alternative Phone Number:

Email Address:

Medical Information (Optional)

Preferred Hospital / Medical Facility:

Known Allergies or Critical Medical Conditions:

Authorization and Signature

I confirm that the emergency contact information provided above is accurate and authorized to be used in the event of an emergency.

Client Signature:

(If printed, please sign your name. If digital, please type your full name.)

Date (MM/DD/YYYY):