



**EDDIE P. MILLHOLLON, PH.D., LPC-S
CALEDONIA FAMILY COUNSELING LLC**

EMERGENCY CONTACT FORM

Personal Contact Information

Name: _____

Current Physical Address: _____
City State Zip

Home Phone #: _____

Cell Phone #: _____

Primary Emergency Contact Information

Name: _____

Physical Address: _____
City State Zip

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Secondary Emergency Contact Information

Name: _____

Physical Address: _____
City State Zip

Phone #: _____

Medical Contact Information

Primary Doctor's Name: _____

Address: _____
City State Zip

Phone #: _____

Nearest Emergency Room or First Responders

Name: _____

Address: _____
City State Zip

Phone #: _____

Consent to Release Information in the Event of an Emergency

I have voluntarily provided the above contact information and authorize Eddie P. Millhollon, Ph.D., LPC-S to contact any of the above on my behalf in the event of an emergency.

Client Signature: _____

Date: _____