



## EMERGENCY CONTACT FORM

Name of Peer Support Worker (PSW) or Contractor with Lived Experience (CLE):

\_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Relationship to PSW or CLE: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Optional Other Contact Information (eg. e-mail address, other phone number):

\_\_\_\_\_

\_\_\_\_\_

Do you have any potentially acutely life-threatening health conditions we should be aware of?

\_\_\_\_\_

\_\_\_\_\_

*I consent to having Vancouver Community Mental Health & Substance Use Services contact the emergency contact above in the event of an emergency or concern for my well-being.*

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

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

Witnessed by:

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

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

Print name: \_\_\_\_\_