

Emergency Contact

CLIENT'S DETAILS

CLIENT NAME/S
.....
.....
ADDRESS
.....

EMERGENCY CONTACT DETAILS

CONTACT NAME/S
.....
ADDRESS
.....
TELEPHONE NUMBER (Home) (Mob)
EMAIL ADDRESS
RELATIONSHIP TO
CLIENT/S
(son, friend, legal
representative, etc.)

I/We hereby authorise the i60 Community Services Inc. to contact the above person in any event deemed an emergency and I am/we are not contactable.

..... (Name) (Signature)	/	/ 20
..... (Name) (Signature)	/	/ 20
..... (Name) (Signature)	/	/ 20

All documentation and client data received is managed in accordance with the Information Privacy Act 2000.

