



SUCCEEDS ADHD PROGRAM
Students Understanding College Choices:
Encouraging and Executing Decisions for Success



Department of Psychology
University of Maryland
College Park, Maryland 20742

Emergency Contact Form

Client Name: _____ DOB: _____
UID Number: _____

As requested by the SUCCEEDS clinic, I am providing at least one individual for you to contact in cases of emergency or concerns regarding my well-being. This form is for emergencies only and is *not* an authorization to disclose medical records. I understand that I must complete a Client Authorization to Release Health Records/Information if I want SUCCEEDS to disclose my medical records.

Emergency Contact(s)

Emergency Contact Information:

Name: _____

Relationship to client: _____

Address: _____

Tel. #: _____ (circle one) HOME CELL WORK

Alt Tel. #: _____ (circle one) HOME CELL WORK

Email: _____

Does the emergency contact speak English? Yes No

Alternate Emergency Contact Information:

Name: _____

Relationship to client: _____

Address: _____

Tel. #: _____ (circle one) HOME CELL WORK

Alt Tel. #: _____ (circle one) HOME CELL WORK

Email: _____

Does the emergency contact speak English? Yes No

I HEREBY AUTHORIZE AND GIVE CONSENT TO SUCCEEDS STAFF TO CONTACT MY EMERGENCY CONTACTS IF SUCCEEDS STAFF ARE CONCERNED ABOUT MY SAFETY OR WELL-BEING.

Client Name: _____

Client Signature: _____

Date: _____

****If Client is younger than 18 years old****

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____