

## Authorized Emergency Contact Statement

I, , hereby authorize the individual listed below as my designated emergency contact. This person is permitted to receive information regarding my health and well-being in the event of an emergency, and may be contacted if necessary.

### Emergency Contact Information

Name:

Relationship:

Phone Number:

Email Address:

Address:

This authorization is effective as of  and remains in effect until revoked in writing.

Signature:

Date: