



Emergency Contact Form

Sometimes over the course of your enrollment in Nurse-Family Partnership, we may temporarily lose touch with you because of a move, change in telephone number, or other event. We are asking you to list below the names and telephone numbers of relatives or friends we may contact in an attempt to locate you or in case of an emergency.

Name	Relationship	Telephone	Address	email

By signing below, you are giving your Nurse Home Visitor permission to contact any of the above people to try to locate you or contact in case of an emergency.

Client Printed Name: _____

Signature: _____ **Date:** _____

Consent form explained by:

Nurse Printed Name: _____

Signature: _____ **Date:** _____

Declined to provide emergency contact:

Client Printed Name: _____

Signature: _____ **Date:** _____

Witnessed by: _____ **Date:** _____