

The Office of
Mason L. Kelly, LCSW
8553 S. Stony Island Ave., FL 1
Chicago, Illinois 60617
(773) 972-3577

EMERGENCY CONTACT INFORMATION

Name: _____
 First MI Last

Home Address: _____

Home Phone Number: _____ Cell Number: _____

In Case of Emergency Please Contact:

Primary Contact Name: _____
 First Last

Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Secondary Contact Name: _____
 First Last

Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

I give my permission for Mason L. Kelly, LCSW to contact my emergency contacts in the event of an emergency.

Client Name (Printed)

Client Name (Signature)

Date