



## Emergency Contact Authorization Form

The following people are authorized to be contacted if we are unable to reach you for an absence in the Partial Hospitalization Program or for medication administration of Spravato:

1. Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_