COA Emergency Contact Release Form for Mental Health Services

Student Name: DOB:
Physical Address:
City/State/Zip:
Home Phone:
Cell Phone:
If someone else answers my phone, I give permission for you to leave a message:
Please choose yes or no.

Emergency Contact (1):
Contact Phone:
Relationship to Student:
Emergency Contact (2):
Contact Phone:
Relationship to Student:

Nearest Hospital Emergency Room:
Address:
City, State, Zip:
Phone Number:

Local Police Department:
Address:
City, State, Zip:
Phone Number:

I agree the above information may be used to insure my safety at the discretion of the COA Student Life Department or my Telehealth counselor for the remainder of the 2019 -2020 school year.

Student’s Signature:
Date: