



Participant Emergency Contact Numbers

Upon completion, or termination, of treatment, a participant is discharged and a predetermined plan is followed.

The purpose is to ensure safe transportation for the participant back to their community. Please provide the person's name, who is responsible for the safe return of the participant to their home community, and their contact information.

Each participant needs to have emergency contact numbers for after hours, and weekends. Please match contact number with contact person [if more than one]

Participant: _____

After hours Contacts

Name	Phone/Cell Numbers

Weekend Contacts

Name	Phone/Cell Numbers

Arrangements must be made in advance in case of emergency discharge

It is the responsibility of the parent, guardian and/or the referring agent to provide safe transportation