



Benjamin M. Evans, DD, DNP, RN, APN
Chair

Judy Schmidt, RN, MSN, ONC, CCRN
Chief Executive Officer

Emergency Contact Release

In the event a member attends a group and is deemed impaired due to fatigue, prescribed medications, a physical or mental health problem, or substance abuse the member agrees to call a family member or friend to transport him/her home.

If the member refuses the group facilitator will contact the local police.

I _____ give the peer facilitator permission to contact my emergency contact listed below in case I am deemed impaired while in the group.

Emergency Contact Name _____

Phone Number _____

Alternative Person _____

Phone Number _____

Member Name _____ Date _____

Facilitator Name _____ Date _____