

## Greater Boston Legal Services

### Emergency Contact Form

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Unit:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Please tell us whom we should contact in the case of an emergency.**

**Name:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Alternative contact should we be unable to reach the above person**

**Name:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

This information is strictly confidential and will be used only in an emergency situation.