CDSME Emergency Contact Form

We are excited that you joined our Chronic Disease Self-Management Education Program! Workshop leaders are required to collect emergency contact information for all participants to support safety needs in case of an emergency during workshop sessions. Emergency contacts will only be notified in emergency situations.

Participant Name: _____
Address: _____
Telephone: _____
Email:_____
Emergency Contact: _____
Relationship: (i.e. friend, sister) _____
Emergency Contact Telephone: _____

Date: _____