



VCU

Center for Psychological Services and Development

Department of Psychology | College of Humanities and Sciences
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EMERGENCY CONTACTS

I, _____, give the Center for Psychological Services and Development (CPSD) permission to contact the people listed below in case of a medical emergency.

1. Name of Contact: _____

Relationship to Client: _____

Contact Phone Number: _____

2. Name of Contact: _____

Relationship to Client: _____

Contact Phone Number: _____

WEAPONS / INTOXICATION

I, _____, understand that weapons of any type are not permitted in the Center for Psychological Services and Development (CPSD) and understand that, if found with a weapon in my possession, I will be asked to leave the CPSD immediately. I may be permitted to return once the weapon is secured elsewhere.

I understand that if I am determined to be intoxicated or under the influence of any substance by my therapist during my scheduled appointment, I will be refused treatment for that session and may jeopardize continued services at the CPSD. By signing below, I agree that I will secure proper transportation to a safe location if I am refused treatment for this reason. If I cannot do so, I will notify my therapist so that he/she can help me make arrangements.

Client Signature (or Guardian): _____

Date: _____

CHILD SUPERVISION

Select one:

I understand that the Center for Psychological Services and Development (CPSD) is not able to provide supervision for children left unaccompanied in the waiting room or in treatment rooms. I attest that I am responsible for my child's behavior and safety while they are at the CPSD. I also attest that I am responsible for the behavior and safety, while they are at the CPSD, of any minor child who accompanies me.

I attest that no minor children will accompany me to the CPSD.

Client Signature (or Guardian): _____

Date: _____