

**Butler University Department of Sociology
Emergency Contact and Procedures Information**

Intern

Name: _____ Location in Placement: _____
Primary Work Phone: _____ - _____ - _____ ext. _____ pager #
Secondary Work Phone: _____ - _____ - _____ ext. _____ pager #
Primary Home Phone: _____ - _____ - _____ ext. _____ pager #
Secondary Home Phone: _____ - _____ - _____ ext. _____ pager #

Placement Supervisor

Name: _____ Location in Placement: _____
Primary Work Phone: _____ - _____ - _____ ext. _____ pager #
Secondary Work Phone: _____ - _____ - _____ ext. _____ pager #
Primary Home Phone: _____ - _____ - _____ ext. _____ pager #
Secondary Home Phone: _____ - _____ - _____ ext. _____ pager #

Alternative Contact Person and Placement

Name: _____ Location in Placement: _____
Primary Work Phone: _____ - _____ - _____ ext. _____ pager #
Secondary Work Phone: _____ - _____ - _____ ext. _____ pager #
Primary Home Phone: _____ - _____ - _____ ext. _____ pager #
Secondary Home Phone: _____ - _____ - _____ ext. _____ pager #

Faculty Supervisor

Name: _____ Location in Placement: _____
Primary Work Phone: _____ - _____ - _____ ext. _____ pager #
Secondary Work Phone: _____ - _____ - _____ ext. _____ pager #
Primary Home Phone: _____ - _____ - _____ ext. _____ pager #
Secondary Home Phone: _____ - _____ - _____ ext. _____ pager #

Alternative Faculty Contact

Name: _____ Location in Placement: _____
Primary Work Phone: _____ - _____ - _____ ext. _____ pager #
Secondary Work Phone: _____ - _____ - _____ ext. _____ pager #
Primary Home Phone: _____ - _____ - _____ ext. _____ pager #
Secondary Home Phone: _____ - _____ - _____ ext. _____ pager #

Crisis Line Number: _____ - _____ - _____

Other Resources

Name: _____ Number: _____ - _____ - _____
Name: _____ Number: _____ - _____ - _____

EMERGENCY CONTACT AND PROCEDURES INFORMATION

On this page, you should list the step-by-step procedures to follow if you have reason to believe that a client is dangerous to self or to others. At the bottom of the page, complete the information for your local mental health agency that handles crises, the closest hospital that accepts mental health crisis referrals, law enforcement agencies, and an attorney you know who specializes in this area and can advise you. If you work in a setting where a crisis with a patient might arise, you should speak with the individuals listed here so you begin to establish a relationship and know their needs and procedures. Complete this form and make the needed contacts at the start of your internship; then keep this form readily available at your work setting.

Step 1: _____

Contact Person: _____ Phone Nubmer: _____

Step 2: _____

Contact Person: _____ Phone Number: _____

Step 3: _____

Contact Person: _____ Phone Number: _____

Step 4: _____

Contact Person: _____ Phone Number: _____

Mental Health Crisis Unit

Contact Name: _____ Phone Number: _____

Contact Name: _____ Phone Number: _____

Law Enforcement

Contact Name: _____ Phone Number: _____

Contact Name: _____ Phone Number: _____

Hospital Accepting Crisis Patients

Hospital Name: _____ Unit Phone Number: _____

Address: _____

Hospital Name: _____ Unit Phone Number: _____

Address: _____

Attorney for Consultation

Contact Name: _____ Phone Number: _____