

Client Safety and Support Plan

Every client who will participate in an administration session is required to complete a Safety and Support Plan during a preparation session with a licensed facilitator. The Safety and Support Plan identifies risks and challenges specific to the client's circumstances and resources available to address those risks and challenges, including the client's existing support network and appropriate external resources.

This form may be used as a template for Safety and Support Plans which must be completed in coordination with client and facilitator.

Safety and Support Plans may not be changed during an administration session.

Client Name: _____

Date: _____

Emergency Contact

Please identify a person to be contacted in the event of a medical or other emergency.

Emergency Contact Name:

Emergency Contact Phone Number:

Client Support Concerns and Planning

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for handwritten notes or typed text related to the section header above it.

By signing this form, I acknowledge that I have reviewed and completed this Client Safety and Support Plan with a psilocybin services facilitator prior to participating in an administration session.

Client Name (Print)

Client Signature

Date

By signing this form, I acknowledge that I have reviewed and completed this Client Safety and Support Plan with the client prior to the client participating in an administration session.

Facilitator Name (Print)

Facilitator Signature

Date