

APPLICATION FOR EMERGENCY ADMISSION
In Accordance with Section 5122.10 ORC

Name of Person to be Admitted:

[illegible]

Signature _____

Title/Position/Badge or License No.

Place of Employment

Place of Observation (e.g., community mental health center, general hospital, office, emergency facility)

[illegible]

Signature _____

Title

Approved ☐ Yes ☐ No

Signature of Chief Clinical Officer

Date/Time