EMERGENCY PHONE NUMBERS

DATE:

Provider name & address: _____ _____	Fire: **911** –or- _____ Emergency Squad: **911** or _____	Police: **911** -or- _____	In Emergency Use **911**
Provider's Telephone #: Home # _____ Cell # _____	Emergency Backup Caregiver (name & phone) _____	Poison Control Center: _____	Local Hospital: _____ _____

CHILD'S NAME:	AGE	BIRTH-DATE	MOTHER HOME #	MOTHER WORK #	FATHER HOME #	FATHER WORK #	EMERGENCY CONTACT (at least three) NAME:	EMERGENCY CONTACT (at least three) PHONE #	DOCTOR & DENTIST NAME & TELEPHONE #