# 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 # |
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