

EMERGENCY PHONE NUMBERS

(Please include all area codes in listing, please write emergency numbers in bold)

Local Police: _____

Fire: _____

Ambulance: _____

Poison Control: _____

Hospital Emergency: _____

Local Emergency Contact Person: _____

Out-of-Area Contact Person: _____

Agency Supervisor: _____

Home Care Agency: _____

Agency After Business Hours: _____

Other: _____