

# Emergency Contact List

## Fire Department

### Dial 911 for Emergencies

Address

City, State, Zip

Phone:

## Police Department

911

## Pediatrician

Name:

Address:

City, State, Zip

Phone:

## Other Doctors

### Type of Doctor:

Name:

Address:

City, State, Zip:

Phone:

### Type of Doctor:

Name:

Address:

City, State, Zip:

Phone:

### Type of Doctor:

Name:

Address:

City, State, Zip:

Phone:

## Other Emergency Contacts

### Name/Relationship:

Address:

City, State, Zip

Home Phone:

Work Phone:

Cell Phone:

Has House Key? (Yes/No)

### Name/Relationship:

Address:

City, State, Zip

Home Phone:

Work Phone:

Cell Phone:

Has House Key? (Yes/No)

## Parent Contact Information

Name:

Cell Phone:

Work Phone:

Pager Number:

Name:

Cell Phone:

Work Phone:

Pager Number:

## Home Information

Address:

City, State, Zip:

Home Phone: