

# MEET THE HELPERS

# EMERGENCY CONTACT INFORMATION

**IN CASE OF EMERGENCY CALL: 9-1-1**

**Help everyone in your home be prepared for an emergency. Fill out this sheet and keep it in a location accessible to everyone such as a refrigerator or information board.**

## FAMILY CONTACT INFORMATION

Parent/Caregiver First & Last Names: \_\_\_\_\_

Kids' First & Last Names: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
(Caregiver #1)

Home Phone: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
(Caregiver #2)

## EMERGENCY CONTACT #1

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

## EMERGENCY CONTACT #2

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

## EMERGENCY NUMBERS:

Poison Control Center: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Insurance Name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_