LAWRENCE-DOUGLAS COUNTY
Health Department
www.ldchealth.org

PROVIDER INFORMATION

NAME: _____

(TO BE POSTED BY YOUR TELEPHONE)

ADDRESS: _____

_____

Emergency Information

& Telephone Numbers

PHONE: _____

FIRE _____ **POLICE** _____

AMBULANCE _____ **POISON CONTROL CENTER** _____

PROVIDER'S DOCTOR _____ **EMERGENCY HOSPITAL** _____

Provider's substitute in emergency

NAME _____ **PHONE** _____

ADDRESS _____

NAME _____ **PHONE** _____

ADDRESS _____

Emergency information on children

CHILD'S NAME	HOME PHONE	PARENTS' WORK PHONES	OTHER ADULT'S PHONE	DOCTOR'S PHONE