LAWRENCE-DOUGLAS COUNTY
Health Department
www.ldchealth.org

Provider info
NAME _____
ADDRESS _____
_____
PHONE _____

Emergency information and telephone numbers

(Post by your telephone)

	EMERGENCY	NON-EMERGENCY
FIRE		
AMBULANCE		
POLICE		
POISON CONTROL CENTER		
EMERGENCY HOSPITAL		
PROVIDER'S DOCTOR		

Provider's substitute(s) in an emergency

NAME _____
ADDRESS _____
_____
PHONE _____

NAME _____
ADDRESS _____
_____
PHONE _____

Children's emergency contact information

Child's name	Home phone	Parents' work phones	Other adult's phone	Doctor's phone