

# Emergency Directory



**\* In an emergency, dial 911 \***

## Emergency Contact Numbers

### Police Department

Phone:

### Fire Department

Phone:

### Ambulance

Phone:

### Poison Control Center

Phone:

### Animal Poison Control Center

Phone:

### 24 Hour Medical Care

Phone:

### Newtown Hospital

Phone:

### Family Physician:

Name:

Work Phone:

Cell Phone:

After Hours Contact & Phone:

Address:

### Dad

Cell Phone:

Work Phone:

Work Address:

### Mom

Cell Phone:

Work Phone:

Work Address:

### Neighbor

Name:

Phone:

Address:

### Friend/Relative

Name:

Phone:

Address:

**Family Emergency Plan**

**In an emergency, we will meet:** \_\_\_\_\_

**Or here:** \_\_\_\_\_

**Our emergency contact person is:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**First aid kit is located:** \_\_\_\_\_

**Emergency kits are stored:** \_\_\_\_\_

**Plan for pets:** \_\_\_\_\_