



# Emergency Contact List



	Phone Number	Alt. Phone Number
<b>Local contact</b>		
NAME:		
<b>Out-of-state contact</b>		
NAME:		
<b>Next of kin</b>		
NAME/RELATIONSHIP		
<b>Work contact</b>		
NAME:		
<b>Physician</b>		
NAME:		
<b>Other emergency contact</b>		
NAME:		
<b>Other emergency contact</b>		
NAME:		
<b>Police/Ambulance</b>	<b>911</b>	
<b>Fire Department</b>		
<b>Gas Company</b>		
<b>Electric Company</b>		
<b>Water Company</b>		
<b>Poison Control Center</b>		