# Emergency Contact Numbers

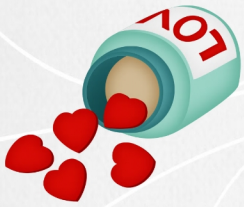
Fire _____

Police _____

Ambulance _____

Poison Control _____

Doctor _____




Mom's cell _____

Dad's cell _____

Other _____

My Address is _____

_____