

Emergency Care Plan

Client Name: _____ Age: _____

Client Phone Number: _____ DOB: _____

Client Address: _____

Nearest EMS station: _____

Directions to your home for EMS: _____

Back up Physician: _____

Back up Physician Phone Number: _____

Pediatrician: _____

Pediatrician Phone Number: _____

Preferred Hospital: _____

Preferred Hospital Phone Number for L&D: _____

Preferred Hospital Fax Number for L&D: _____

Nearest Hospital: _____

Nearest Hospital Phone Number for L&D: _____

Nearest Hospital Fax Number for L&D: _____

Emergency Contact Name & Phone Number: _____
