

# My EMERGENCY PHONE NUMBERS

My Family Name: \_\_\_\_\_

My Phone Number: \_\_\_\_\_

My Address: \_\_\_\_\_

My Town: \_\_\_\_\_



Family Doctor



Poison Center



Mother



Father



Mansfield/Ontario/  
Richland County  
Health Department  
**419-774-4700**

Other Numbers (Neighbor, Best Friend's Mother, Closest Grandparent, Minister):

\_\_\_\_\_  
\_\_\_\_\_