

Emergency Contact List

Personal Information:

Name: _____

Address: _____

Date of Birth: _____

Medical Conditions: _____

Allergies: _____

Medications: _____

Local Emergency Services:

911 (Emergency Services)

Local Police Department

Phone Number: _____

Poison Control (Alaska)

Phone Number: 1-800-222-1222

Emergency Contacts:

Primary Contact

Name: _____

Relationship: _____

Phone Number(s): _____

Address: _____

Additional Contacts:

Neighbors/Friends Nearby:

Name: _____

Phone Number: _____

Home Care Provider

Name: _____

Phone Number: _____

Medical Contacts:

Primary Care Doctor

Name: _____

Phone Number: _____

Clinic/Hospital: _____

Preferred Hospital

Name: _____

Address: _____

Phone Number: _____

Pet Information

Pet Name(s)

Veterinarian Contact:

Other Information:
