# **Emergency contact numbers**



## General

Police:133Fire brigade:122Ambulance:144Poison control:01406 43 43

Hospital	
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Name:

Phone:

# Family doctor/Pediatrician

Name:

Phone:

#### **Dentist**

Name:

Phone:

# **Health insurance company**

Name:

Phone:

### Our child

Name:

Date of birth:

Weight:

Allergies:

#### **Diseases:**

# Partner/Parents/Family

Name:	
Phone:	
Name:	
Phone:	
Filone.	
Name:	
Phone:	

#### **Friends**

Name:		
Phone:		

# Neighbours

Name:			
Phone:			

## Others

Name:		
Phone:		

## **Further information**

