

Local Emergency Contacts



Use this form to document information about how to contact local emergency services. Make sure to update this form at least annually.

Program Name _____

Address _____
Street Address City State ZIP

Program Phone _____

Emergency Services Contact Information:

	Contact Name or Website	Phone Number
Medical or Other Emergency Services		
Hospital or Clinic		
Police		
Fire		
Mental Health Services		
Poison Control		
Local Emergency Management Agency		
Public Health Department		
Electric Company		
Gas Company		
Water Company		
Waste Disposal		
Insurance Provider		
Internet Provider		
Off-site Evacuation Location 1		
Off-site Evacuation Location 2		



National Center on
Health, Behavioral Health, and Safety

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