Attachment **[number]**

**Emergency Services Personnel Contact Information**



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Service** |  | **Contact** |  | **Address/Location** |  | **Telephone** |
| Emergency |  |  |  |  |  |  |  |
| Response |  |  |  |  |  |  |  |
| Coordinator |  |  |  |  |  |  |  |
| Ambulance/EMS |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Police |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Fire |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Primary Medical |  |  |  |  |  |  |  |
| Facility |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Secondary Medical |  |  |  |  |  |  |  |
| Facility |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Poison Control |  |  |  |  |  |  |  |
| Center |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **[other]** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |