			Connecticut Department of Public Health
• Family's Contact Person in Your State	○ Family Work Numbers	• School	WALLET
Name:	- Mother's PH #:	Name:	EMERGENCY
Address:	- Father's PH #:	Address:	
PH #:	- Other:	PH #:	CARD ***
○ Your Family's Contact Person	PH #:	○ Workplace	
in a Different State	 Utility Company Phone Numbers 	Name:	Name:
Name:	- Electric Co. PH #:	Address:	Phone:
Address:	- Gas Co. PH #:	PH #:	Emergency Contact Name:
PH #:	- Water Co. PH #:	Other (School or Workplace)	
Nearest Relative	○ Home/Rental Insurance	Name:	Emergency Contact PH #:
Name:	Name:	Address:	
Address:	PH #:	PH #:	In an Emergency: 9-1-1
PH #:	Policy #:	○ Veterinarian	Dept. of Emergency Services and Public
		Name:	Protection: 1-860-685-8190
		PH #:	CT Poison Control Center: 1-800-222-1222
			www.ct.gov/dph/prepare

O Doctor Name: PH #:		KEEP THIS FORM UP-TO-DATE. Take this form with you to all doctor visits, when you go for any medical tests and all hospital visits. Write down all changes made to your medications. Cross out any old medicines.					
• Pharmacy Name:	Drug Name & Strength	Dose (pilis, units, puffs, drops)	When do you take it? (AM or PM? How many times a day?)	Purpose (Why do you take it?)			
• Medical Insurance Name:							
PH#: • Medical Conditions/Allergies							