



## Emergency Contact Information Form

(This Information will be important in the event of an emergency)

In an **EMERGENCY** Dial **911**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Any additional information that you would like an emergency care provider to know.

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Please drop form off at the 911 Administration office, 44 Mc Donald St. Blakely, Georgia or call 723-2200 for assistance.