

Emergency Care Plan

Name: _____ **Age:** _____

Address: _____

Phone: _____

Local Ambulance Company (if rural): _____

Detailed Directions to Your House (list any important details like building numbers, unmarked driveways, etc) : _____

Hospital of Preference (in an Emergency): _____

Triage Phone #: _____ **ER Phone #:** _____

Hospital of Preference (non-emergency): _____

Triage Phone #: _____ **ER Phone #:** _____

Any parallel care during this pregnancy?: _____

If yes, with whom? _____
