

# IMPORTANT PHONE NUMBERS

*(Please fill in and keep in a handy place.)*

<b>Emergency:</b>	<b>911</b>
<b>Home Address:</b>	_____
<b>Major Intersection:</b>	_____
<b>Home Phone:</b>	_____
<b>Support Person:</b>	_____
<b>Parent/Caregiver Work:</b>	_____
<b>Cell Phone:</b>	_____
<b>Doctor/Nurse Practitioner:</b>	_____
<b>Telehealth Ontario:</b>	_____
<b>Taxi/Other:</b>	_____
<b>Other:</b>	_____