

POISON Control # 800-222-1222



# 911 HELP

**WHENEVER POSSIBLE PLACE 911 CALLS FROM A LANDLINE**

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

City: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_

Call Back #: \_\_\_\_\_

Subdivision: \_\_\_\_\_  
(note: some subdivisions cross state lines so be specific)

Nearest major roads/intersections/landmarks  
\_\_\_\_\_

\*\*\*\*\*

Medically Trained Neighbors: \_\_\_\_\_

Nearest Defibrillator: \_\_\_\_\_

Emergency Kit Location: \_\_\_\_\_

Fire Extinguisher: \_\_\_\_\_

Emergency Contacts: (Name, Phone, Relationship)

#1 \_\_\_\_\_

#2 \_\_\_\_\_

Dock sign #: \_\_\_\_\_

what3words: ///\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_

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