

## Emergency-Numbers

**Police:** 117  
**Firefighters:** 118  
**Paramedics:** 144  
**Intoxication:** 145

### Hospital:

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

### Family doctor:

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

### Dentist:

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

### Health insurance:

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

## About us

### Our child:

Name: \_\_\_\_\_  
Birthday: \_\_\_\_\_  
Weight: \_\_\_\_\_

### Allergies:

\_\_\_\_\_  
\_\_\_\_\_

### Diseases:

\_\_\_\_\_  
\_\_\_\_\_

### Partner / parents / family:

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

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

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

## Other information

### Friends:

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

### Neighbours:

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

### Other:

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

### Other information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_