

EMERGENCY PHONE LIST

POST NEAR PHONE BY 36 WEEKS

PARENTS NAME: _____

ADDRESS: _____

Nearest Crossroads _____

PARENTS PHONE NUMBERS: _____

AMBULANCE: _____

Name and Phone Number

NEAREST HOSPITAL: _____

Name and Phone Number

PREFERRED HOSPITAL: _____

Name and Phone Number

MIDWIVES _____

DOCTOR _____

OTHERS ATTENDING BIRTH: _____

Notes or special wishes: _____

