

LIST WHAT YOU WANT PEOPLE TO KNOW
IF YOU ARE UNABLE TO COMMUNICATE

WHO CAN HELP YOU?

NAME:

PHONE:

CLOSEST FAMILY MEMBER

NAME:

PHONE:

NEIGHBOR WITH A CAR

NAME:

PHONE:

OUT-OF-TOWN CONTACT

NAME:

PHONE:

DOCTOR

NAME:

PHONE:

DIAL **911** FOR EMERGENCIES AND **311** FOR NON-EMERGENCIES

It's a matter of public health



MY PREFERRED LANGUAGE IS _____

MY PHONE NUMBER IS _____

MY NAME IS _____

I'M UNABLE TO COMMUNICATE

PREPARE
YOURSELF AND YOUR FAMILY

