

**Medical Foster Care
Emergency Contact Information**

Childs' Name: _____ DOB: _____ SS#: _____

Medicaid Number: _____

Mother or Legal Guardian's Name: _____

Address: _____

Telephone #: _____

Medical Foster Care Nurse: _____

Medical Foster Care Social Worker: _____

CMS Nurse: _____ Telephone #: (727)893-2775 ext. _____

Primary Care Provider: _____ Telephone #: _____

Specialists: _____ Telephone #: _____

Therapists: _____

School: _____

All Children's Hospital	Telephone: (727)898-7451
Morton Plant Hospital	Telephone: (727) 462-7000
Mease Dunedin Hospital	Telephone: (727) 733-1111
Mease Countryside	Telephone: (727) 725-6111

Equipment Vendor: _____ Telephone #: _____

Case Manager: _____ Telephone #: _____

PI: _____ Telephone #: _____

Emergency Services/Ambulance/Police/Fire: 911

Poison Control: 1-800-222-1222