

## Useful Numbers

G.P: \_\_\_\_\_

Blood type: \_\_\_\_\_

Allergies to medication: \_\_\_\_\_

Emergency Number (Ambulance/Police/Fire): \_\_\_\_\_

Nearest Pharmacy: \_\_\_\_\_

Nearest shop: \_\_\_\_\_

Health Centre for Vaccinations etc.: \_\_\_\_\_

\_\_\_\_\_

Dentist: \_\_\_\_\_

Children's Hairdressers: \_\_\_\_\_