

# EMERGENCY

## CONTACT INFORMATION

**Call 911 for all emergencies**

**FARM LABOR CAMP ADDRESS:**

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**EMPLOYER NAME:**

**CELL PHONE NUMBER:**

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**BACK UP NAME:**

**CELL PHONE NUMBER:**

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**AMBULANCE:**

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**FIRE – RESCUE:**

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**REMINDER:** It is the duty of the employer/farm labor camp (FLC) operator to report immediately to the local health officer the name of any individual in the farm labor camp known to have or suspected of having a communicable disease.