



DIRECTIONS AND EMERGENCY TRANSPORT PLAN

Name: _____

Phone number: _____

Address: _____

Directions to your home:

Estimated response time of EMS to your home: _____

Enhanced 911? Yes No

Nearest hospital with maternity services: _____

Hospital Phone: _____

Estimated driving time from your home: _____

Directions to the hospital:

I have read and understand this transport plan for my labor/delivery/postpartum.

Mother's signature