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| **Secouristes** |

**Période** : Click here to enter text. **Responsable** : Click here to enter text.

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| **TEL.** | **NOM ET PRENOM** | **DEPARTEMENT/SERVICE** |
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**NUMÉROS DE TÉLÉPHONE UTILES :**

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| **Ambulance** | 112 (100) |
| **Pompiers** | 112 (100) |
| **Centre antipoison** | 070 245 245 |
| **Médecin** |  |
| **Ophtalmologue** |  |
| **Dentiste** |  |
| **Hôpital** |  |
| **Pharmacie** |  |