

Primary Conta	act Information
Name:	
Phone:	Cell Phone:
Street Address:	
Emergency Conta	act Information #1
Name:	
Phone:	Cell Phone:
Emergency Contact Information #2	
Name:	
Phone:	Cell Phone:
Emergency Location Information:	
Emergency Kit Location:	
Emergency Meeting Location:	
Nearest Hospital:	
Evacuation Center:	
Location for Supplies (EX: Ice):	
Generator Rental:	
Nearest Cooling Station:	

Notes and Additional Information:

Medical Contact Information

Doctor's Name: Prescription #1:

Phone: Prescription #2:

Pharmacy Phone: Prescription #3:

Prescription #4:

Prescription #5:

Prescription #6:

Important Links

Community Safety: sce.com/wildfire/Community-Safety-Events

View Outages: sce.com/outage

Manage Outage alert preferences: sce.com/outagealerts
Medical Baseline Application: sce.com/medicalbaseline

SCE Facebook: Facebook.com/sce

SCE on Twitter: @sce

SCE on YouTube: YouTube.com/sce