



## EMERGENCY CONTACT FORM

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### Primary Contact Information

Name:

Phone:

Cellphone:

Street Address:

### Emergency Contact Information #1

Name:

Phone:

Cellphone:

### Emergency Contact Information #2

Name:

Phone:

Cellphone:

### Emergency Location Information:

Emergency Kit  
Location:

Emergency Meeting  
Location:

Nearest Hospital:

Evacuation Center:

Location for  
Supplies (e.g., ice):

Generator Rental:

Nearest Cooling  
Station:

### Notes and Additional Information:

## Medical Contact Information

|                 |                  |
|-----------------|------------------|
| Doctor's Name:  | Prescription #1: |
| Primary Phone:  | Prescription #2: |
| Pharmacy Phone: | Prescription #3: |
|                 | Prescription #4: |
|                 | Prescription #5: |
|                 | Prescription #6: |

## Important Links

Community Safety: [sce.com/wildfire/community-safety-events](https://sce.com/wildfire/community-safety-events)

View Outages: [sce.com/outage](https://sce.com/outage)

Manage Outage alert preferences: [sce.com/outagealerts](https://sce.com/outagealerts)

Medical Baseline Application: [sce.com/medicalbaseline](https://sce.com/medicalbaseline)



SCE on Facebook: [Facebook.com/sce](https://Facebook.com/sce)



SCE on X: [@sce](https://twitter.com/sce)



SCE on YouTube: [YouTube.com/sce](https://YouTube.com/sce)