



INSTRUCTIONS FOR COMPLETING THE FORM

In event of an emergency, your Emergency Contact Form will provide vital information about you and who should be contacted regarding your situation. A Resident Emergency Preparedness decal on your window will alert Emergency Medical Service (EMS) personnel to the location of your Form.

You may complete a paper copy of the Emergency Contact Form or download, save, and complete the form on your computer.

1. Complete a paper copy of the Emergency Contact Form:

- Go to the Sun City website at www.sctexas.org/EMC and log in.
- From the Emergency Management Committee web site, choose Documents from the list on the right and then select Emergency Contact Form.
- Click on **View** to see and print the Form or **Download** to save the Form to your computer.
- If you downloaded the Form, open it, give it a new name and save it in a file on your computer. You can now fill out the Form on your computer, save it, and print a paper copy. This will allow you to go back anytime and update the Form. Complete a Form for each member of the household.
- Paper copies are also available at the Texas Drive Social Center Monitor's desk.

2. Once completed, make 3 copies of your Emergency Contact Form and;

- Give a copy to a trusted neighbor, and
- Your Block Captain or Neighborhood Representative.
- To assist EMS personnel and others responding to your emergency, place a copy of your Form inside a plastic zip lock or red bag along with the Emergency Medical Information Form and tape securely in/on your refrigerator.

3. Obtain a Resident Emergency Preparedness decal (you only need 1) from the Monitor's Desk at the Texas Drive Social Center. Place the decal on a window closest to your front door where it can be easily seen by EMS personnel or others responding to an emergency

Emergency Contact Form



Date Form Completed:			
Your Name:			
Spouse's Name:			
Street Address:			
Home Phone:		Cell Phone:	
Work Phone:		Email Address:	

To aid in rescue efforts in the event of an emergency / major disaster / evacuation

Total number of residents:	# of Males: ____	# of Females: ____
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Residence Access

Location of door key:			
Garage Door Code:			
Knox Box:	<input type="checkbox"/> = Yes	<input type="checkbox"/> = No	
Location of Knox Box Key or Code:			

Special Needs / Health Conditions (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Vision Impaired | <input type="checkbox"/> Walker | <input type="checkbox"/> Breathing Problems |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Cane / Crutches | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Speech Impaired | <input type="checkbox"/> Wheel Chair | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Bedridden | <input type="checkbox"/> Oxygen |
| <input type="checkbox"/> Other: Please Specify: _____ | | |

Location of Emergency Medical Information Form

- In Refrigerator On Refrigerator Other: _____

Location of Medications: _____

Type of Pet

Type of Pet

Pet # 1:	Name:	Pet # 2:	Name:
Pet # 3:	Name:	Pet # 4:	Name:



Emergency Contacts - Sun City Neighbors & Friends

Name				Relationship:	
Street Address:					
Home Phone:			Cell Phone:		
Work Phone:			Email Address:		

Name				Relationship:	
Street Address:					
Home Phone:			Cell Phone:		
Work Phone:			Email Address:		

Emergency Contacts - Family & Non Sun City Friends

Name				Relationship:	
Address:					
City:			State:		Zip Code:
Home Phone:			Cell Phone:		
Work Phone:			Email Address:		

Name				Relationship:	
Address:					
City:			State:		Zip Code:
Home Phone:			Cell Phone:		
Work Phone:			Email Address:		

Your Block Captain or Neighborhood Representative Information

Name					
Street Address:					
Home Phone:			Cell Phone:		
Email Address:					