

Employee Emergency Information Form Concord University

Date Completed: _____

Department and Location: _____

Employee Personal Information	
First Name	
Middle Name	
Last Name	
Gender	
Home Address	
Home Phone	
Cellular Phone	
Home Fax	
Home E-mail Address	
Birthday (MM/DD/YYYY)	
Medical Information	
Doctor's Name	
Address	
Phone Number	
Blood Type	
Medical Conditions	
Allergies	
Current Medications	
Emergency Information	
First Emergency Contact's Name	
Relationship	
Address	
Home & Cell Phone Number (s)	
Second Emergency Contact's Name	
Relationship	
Address	
Home & Cell Phone Number(s)	

Providing this personal information is voluntary and it will be held in confidence by the Human Resources Office and Public Safety with the following exception: under the Health Insurance Portability and Accountability Act (HIPPA), Concord may disclose Protected health Information (PHI) to a relative, friend, or other person identified by you (as indicated in your emergency contacts) and may do so in an emergency situation when you are unable to agree or object, as long as Concord reasonably believes you would not object to the disclosure. Any additional information you feel would be of assistance in the event of an emergency involving you or your family member may be attached. Please contact the Human Resources office to update this information as needed in the future.