

Concord University Employee Emergency Information Form

Date completed: _____

| 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 the Campus Police with the following exception: under the Health Insurance Portability and Accountability Act (HIPAA), 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.