

HonCC EMERGENCY CONTACT FORM

ROUTE TO HonCC HEALTH OFFICE – BLDG. 2, RM. 108A

Semester Entering:

Fall Winter Spring Summer 200_____

Student:

HCC Pearl Harbor Apprenticeship SOCAD

Other _____

_____/____/19____
 (Please print clearly) **Last Name, First Name MI School ID # Birthdate**

Instructions:

1. **You are invited to go to your MyUH account** (Go to Student Records > Type in “Emergency Contact Info” into “Search” box -- OR-- click on “Academic Services” > “Personal Information” tab > Select “View/Update My Emergency Contacts” to add and update your emergency contact information -- OR -- you may submit this completed form. **Please update** this valuable information **at least each semester or when names & phone numbers change.**
2. Military SOCAD & Pearl Harbor Apprenticeship students may turn in document to their respective HCC base office. All other students – please send this form directly to **HCC Health Office, 874 Dillingham Blvd. Bldg. 2, Rm 108A, Honolulu, HI 96817 or FAX 847-9836.**
3. **Disability Services** - If you have a disabling condition and require assistance, **contact Student ACCESS at 844-2392** (voice/text), email access@hcc.hawaii.edu, or visit www.honolulu.hawaii.edu/disability for more information and important service request timelines.
4. **Questions? Call the HCC Health Office at 845-9282 (voice/text).**

EMERGENCY CONTACT INFORMATION

Contact Person on Oahu (preferably)	Relationship
Home Phone #	Cellular/Beeper #
Work Phone #	Clinic or location of Physician
Name of your physician	Physician’s Phone #
Medical Insurance	

I am aware that the emergency information that I provide is made available to staff involved with emergencies through the UH System’s electronic student information system. Updates may be made directly through my personal MyUH account or by contacting the Health Office. Information that I provide to the Health Nurse or Student ACCESS regarding any special health condition or disability will be kept confidential. I am responsible for contacting Student ACCESS to request & receive disability accommodations. By signing below I agree to these terms and conditions.

X _____ Date _____
Submitted by (Signature)