

HonCC EMERGENCY CONTACT FORM

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

Semester Entering (Fall/Winter/Spring/Summer):
Semester _____ Year _____
Student: ___HCC ___Pearl Harbor ___SOCAD
Other _____

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

Instructions:

- 1. You are invited to go to your MyUH Portal account** (Log in and Go to Student Records > Click on "Personal Information" tab > Select "View/Update My Emergency Contacts" **to** add and update your emergency contact information -- OR -- you may download [HonCC Emergency Contact Form](#), and return electronically or submit to the HCC Health Office. **Please update** this valuable information **at least each semester or when names & phone numbers change.**
- 2. Sign up for Emergency Alerts--Go to your MyUH Portal account** > Click on "My Profile" tab>Select the UH Alert Emergency Notification image or by visiting <https://www.hawaii.edu/alert/>.
- All students please send this form directly to **HCC Health Office, 874 Dillingham Blvd. Bldg. 2, Rm 108A, Honolulu, HI 96817 or FAX (808) 847-9836.** Military SOCAD & Pearl Harbor Apprenticeship students may turn in document to their respective HCC base office.
- Disability Services** - If you have a disabling condition and require assistance, **contact Student ACCESS at (808) 844-2392** (voice/text), email access@hcc.hawaii.edu, or visit www.honolulu.hawaii.edu/disability for more information and important service request timelines.
- Visit www.honolulu.hawaii.edu/health for health insurance, resources & information for students. **Questions? Call the HCC Health Office at (808) 845-9282 (voice/text).**

EMERGENCY CONTACT INFORMATION

Contact Person on Oahu (preferably)

Relationship

Home Phone #

Work Phone #

Cellular/Beeper #

Name of your physician

Clinic or location of Physician

Medical Insurance

Physician's Phone #

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 except in emergency situations on a need-to-know basis. I am responsible for contacting Student ACCESS to request & receive disability accommodations. By signing below I agree to these terms and conditions.

X _____
Submitted by (Signature) Date

----- FOR OFFICE USE ONLY -----
___ SPAEMRG Incomplete: ___Student advised ___Called ___Msg left ___Postcard/comp Other: _____