



**Charlotte Christian College and Theological Seminary  
Emergency Contact Information**

DISCLOSURE of this information is **voluntary**, but failure to provide complete emergency contact information may prevent the Seminary from being able to notify your emergency contact in a timely manner in case of an emergency. Please print all information, sign and date it, and return it to the Executive Assistant to the President. Remember to update this form as changes occurs.

**My Personal Information:**

Name: \_\_\_\_\_  Student  Employee  
Last,                      First                      Middle

Work Address: \_\_\_\_\_  
Street Address                                      City                      State                      Zip code

Home Address: \_\_\_\_\_  
Street Address                                      City                      State                      Zip code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail (Home): \_\_\_\_\_ E-mail (Work): \_\_\_\_\_

**My Emergency Contacts:**

**Primary person to be notified in case of an emergency:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address                                      City                      State                      Zip code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Secondary person to be notified in case of emergency:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address                                      City                      State                      Zip code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**My Medical Information:** Physician \_\_\_\_\_ Phone number: \_\_\_\_\_

In case of emergency I request to be taken to (name of the hospital) \_\_\_\_\_

Do you have any medical conditions that should be noted in case of an accident? \_\_\_\_\_

**My Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

*My signature above gives representatives of Charlotte Christian College and Theological Seminary permission to contact the above named adults if I experience an emergency while on the campus. This information is given for the specific use of the institution in case of an emergency and for no other reason.*