



Memo: Emergency Contact & Medical Info Update

UT Department of Theatre • 206 McClung Tower • Knoxville, TN 37996

Enclosed you will find your current Emergency Contact and Medical Information as it exists on the department's server. You may notice that some fields are blank based on what information you selected to keep on the server. Please carefully check the information on these forms and update/correct any missing and or outdated information and return the corrected form to the General Manager within 3 business days. ALL fields should be completed when you return your form. For those who elect to not keep their information on the server, the returned form will be placed in your personnel file at the Main Office.

If you are new or wish to change which emergency information we keep on the server, please sign, date and return **one** of the disclosures below.

If you have any questions, please feel free to contact me.

Keith Kirkland
General Manager
Clarence Brown Theatre

INFORMATION RETENTION DISCLOSURE – SIGN ONLY ONE

In an effort to ensure that Emergency Contact and Medical Information is both accessible and legible in the event of an emergency, the Department of Theatre keeps this information on our department server. Access to this information is restricted to Shop Supervisors, Production Management, and the Main Office Staff and is protected by the University's Active Directory (which requires a NetID and password from an authorized user for access). All attempts to access this data (whether successful or not) are logged by the server. As a further protection to your personal information, Social Security Numbers are not requested as part of this information or kept in this file.

I, _____, understand the above disclosure and would like the following information to be kept on the server: Emergency Contact Medical. I also understand that despite the noted security measures, the possibility remains that some or all of my information could be accessed as no security system is full-proof.

Signed: _____ Date: _____

I, _____, understand the above disclosure and would like my information **NOT** to be kept on the server. By making this choice I understand that the paper copy I submit will be the only copy of this information available to the department and that this copy will be kept in my personnel file in the Department Offices will not be accessible except when the office is open.

Signed: _____ Date: _____

I, _____, do not wish to provide any Emergency Contact or Medical Information to the Department.

Signed: _____ Date: _____