

EMERGENCY CONTACT FORM
Bethel University Association Clubs & Organizations
Bethel University

Date _____

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

In Case of an Emergency, Please Contact:

Name: _____ Relationship _____

Work Phone: _____ Home Phone: _____

Address: _____

City: _____ State _____ Zip: _____

Parent or Legal Guardian(s):

Mother/Father/Guardian(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Do you live on campus? Yes No

If yes, where do you live and who is your RD? _____

This Information Is To Be Filed in the Student's Record and Used Only For Emergencies