## **Ball State University Center for International Programs**

## **EMERGENCY INFORMATION**

Please provide names, phone numbers, and addresses for two individuals who may be contacted in case of an emergency. Complete ALL blanks

## IT IS ESSENTIAL THAT YOU PRINT LEGIBLY!

STUDENT NAME:  Last	
BSU PROGRAM NAME	First
PERMISSION TO SPEAK TO PRIMARY CONTACT:	
Name: Relationship:	
Phone Number 1: ( ) ext	workplace residence
Use this number between the hours of:am/pm and	am/pm
Phone Number 2: ( ) ext	workplace residence
Use this number between the hours of:am/pm and	am/pm
PERMISSION TO SPEAK TO SECONDARY CONTACT:  Name: Relationship:	
Phone Number 1: ( ) ext	warkelaa
Use this number between the hours of:am/pm and	am/pm
Phone Number 2: ( ) ext	workplace residence
Use this number between the hours of:am/pm and	am/pm
Use this number between the hours of:am/pm and	am/pm
Medical Condition and/or medication that you take on a regular basis. (This information will remain confidential, but is essential in case of an emergency.):	