BETHEL STUDENT GOVERNMENT
Clubs and Organizations

Emergency Contact Form

Date: _____

Student Name: _____

Address: _____

City: _____ State:_____ Zip: _____

Cell Phone: _____

In Case of an Emergency, Please contact:

Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent or Legal Guardian(s):

Mother/Father/Gaurdian(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____

Do you live on campus? Yes ☐ No ☐

If yes, what Residence Hall do you live in and who is your RD? _____
(This information is to be filed in the student's record and used only for emergencies)