

**EMERGENCY CONTACT FORM**

FAMILY NAME:	GIVEN NAME:
PHYSICAL ADDRESS:	
HOME PHONE NUMBER:	CELL PHONE NUMBER:
CURRENT VISA STATUS:	

**EMERGENCY CONTACT INFORMATION**

If possible, please include one contact in the United States and one contact in your home country.

PRIMARY CONTACT:
RELATIONSHIP:
PHYSICAL ADDRESS:
TELEPHONE NUMBER:
ALTERNATE TELEPHONE NUMBER:
SECONDARY CONTACT:
RELATIONSHIP:
PHYSICAL ADDRESS:
TELEPHONE NUMBER:
ALTERNATE TELEPHONE NUMBER:

I give permission to The University of Kansas Medical Center, Office of International Programs, to contact my emergency contacts in case of an emergency.

SIGNATURE:
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