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## EMERGENCY CONTACT INFORMATION FORM

**This information will be extremely important in the event of an accident or medical emergency.**

### STUDENT PERSONAL INFORMATION

EKU ID#: \_\_\_\_\_  
Last/Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
U.S. Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
EKU Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

*Please enter emergency contact of at least two family members or close personal contacts if possible. It is preferable if one of these persons speaks English.*

#### Primary Emergency Contact

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State/Province/Region: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Email (if any): \_\_\_\_\_  
Language (s) spoken at home: \_\_\_\_\_ Does he/she speak English? Yes No

## Secondary Emergency Contact

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province/Region: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Email (if any): \_\_\_\_\_  
Language (s) spoken at home: \_\_\_\_\_ Does he/she speak English? Yes No

***The above information will be kept confidential. The emergency contact (s) will only be contacted in case of an emergency, such as accident or medical issue.***

*In case of emergency, I authorize EKV to use this information to inform my contacts.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_