

## Updated Emergency Contact Information

International Student Services, La Sierra University

(This information will only be used if you are seriously injured or die. Please provide a contact person who can make important medical and other decisions for you if you are unable to do so for yourself.)

**Student Name:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

### Primary Emergency Contact

Given Name	
First Name	
Middle Name	
Relationship to you	
Language(s) spoken by this emergency contact	
Gender	

Street address	
City	
State/Province	
Country	
Postal Code	

Please write the numbers as you would dial them from the US (include country codes, area codes, etc.)

Home Telephone Number	
Work Telephone Number	
Cell Phone Number	
Fax Number	
E-mail Address	

**Secondary Emergency Contact Information**

Given Name	
First Name	
Middle Name	
Relationship to you	
Language(s) spoken by this emergency contact	
Gender	

Street address	
City	
State/Province	
Country	
Postal Code	

Please write the numbers as you would dial them from the US (include country codes, area codes, etc.)

Home Telephone Number	
Work Telephone Number	
Cell Phone Number	
Fax Number	
E-mail Address	

**The Office of International Student Services at La Sierra University has my permission to release information to my emergency contacts/parents, authorized representatives of my government, sponsor, and/or the authorized representatives of the United States government.**

**In the event of an emergency situation involving my death or serious injury, I authorize my emergency contacts to receive medical and other necessary information so they may act on my behalf in such activities as banking, medical decisions, health insurance, billing, etc. I further authorize International Student Services to obtain and relay to my emergency contacts information about my medical condition.**

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

Printed Name: \_\_\_\_\_