

Emergency Permit Form

PLEASE READ: This permit is required of every student. If the student will be 18 years of age before registration, he or she must sign below after he/she turns 18. If the student will not be 18 before registration, the person legally responsible for him/her must sign.

Name of Student/Applicant

Date of Birth

Age

Social Security Number

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In the event that an emergency should arise, I hereby give Hyles-Anderson College permission to authorize emergency anesthesia, surgery, and/or procedures for the above-named student/applicant as deemed necessary.

Signature

Today's Date MM/DD/YYYY

Relationship of Signer to Student

Self (if 18 or older)

Other

Address of Signer

City

State

Zip

Phone () -

Cell Phone

HYLES-ANDERSON
COLLEGE

PLEASE SUBMIT FORMS TO THE OFFICE OF ADMISSIONS

8400 Burr Street | Crown Point, IN 46307

888.374.9537 ph | 219.365.2029 fax

If you have questions, please call us at 888.374.9537 or visit us online at hylesanderson.edu.
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