**PLEASE READ:** This permit is required of every applicant. If you will be 18 years of age before registration, you must sign below after you turn 18. If you will not be 18 years of age before registration, the person legally responsible for you must sign.

Name of Applicant				
Date of Birth MM/DD/YYYY Age				
In the event that an emergency should arise, I hereby give I-procedures for the above-named applicant, as deemed nec	lyles-Anderson College permis essary.	ssion to	authorize eme	rgency, lifesaving measures/
Signature			Date N	MM/DD/YYYY
Relationship of Signer to Applicant	☐ Self (If 18 or old	er)	☐ Other	
Address of Signer	City		State	ZIP
Home Phone ( )	Cell Phone (	)		
EMERGENCY CONTAC In the event of an emergency, please list the names and tele EMERGENCY CONTACT #1:		duals you	u would like us	to contact:
Name	Relationship			
Address	City		State	ZIP
Home Phone ( )	Cell Phone (	)		
Would you like them to have access to your medical record	s and information?	☐ Yes	□ No	
May medical personnel leave a voicemail regarding any and	or all medical information?	☐ Yes	□ No	
EMERGENCY CONTACT #2:				
Name	Relationship			
Address	City		State	ZIP
Home Phone ( )	Cell Phone (	)		
Would you like them to have access to your medical record	s and information?	☐ Yes	□ No	
May medical personnel leave a voicemail regarding any and	or all medical information?	☐ Yes	□ No	
<ul> <li>□ I have voluntarily provided the above contact inf to contact any of the above on my behalf in the c</li> <li>□ I choose not to furnish any emergency contact in</li> </ul>	event of an emergency.			•
Applicant's Signature			Date	MM/DD/YYYY

## PLEASE SUBMIT FORMS TO THE OFFICE OF ADMISSIONS.

8400 Burr Street | Crown Point, IN 46307 219.558.2458 - Admissions Department | 219.365.4031 - Main Switchboard

## **HYLESANDERSON**

COLLEGE

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