



# EMERGENCY PERMIT

HYLES-ANDERSON COLLEGE | CROWN POINT, INDIANA

**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 Hyles-Anderson College permission to authorize emergency, lifesaving measures/procedures for the above-named applicant, as deemed necessary.*

Signature \_\_\_\_\_

Date MM/DD/YYYY \_\_\_\_\_

Relationship of Signer to Applicant \_\_\_\_\_

Self (If 18 or older)

Other

Address of Signer \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

## EMERGENCY CONTACTS

In the event of an emergency, please list the names and telephone numbers of **two** individuals you would like us to contact:

### EMERGENCY CONTACT #1:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Would you like them to have access to your medical records 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 records and information? \_\_\_\_\_

Yes

No

May medical personnel leave a voicemail regarding any and/or all medical information? \_\_\_\_\_

Yes

No

**I have voluntarily provided the above contact information and authorize Hyles-Anderson College and its representatives to contact any of the above on my behalf in the event of an emergency.**

**I choose not to furnish any emergency contact information to Hyles-Anderson College at this time.**

Applicant's Signature \_\_\_\_\_

Date MM/DD/YYYY \_\_\_\_\_

### 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 or visit [hylesanderson.edu](http://hylesanderson.edu).

[admissions@hylesanderson.edu](mailto:admissions@hylesanderson.edu) | [f](#) [@](#) [@hylesanderson](#)

# **HYLESANDERSON**

## C O L L E G E

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