



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

Medical personnel may 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

Medical personnel may 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.

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