KADLEC

A Higher Level of Care

STUDENT/GUEST BADGE REQUEST FORM
PLEASE PRINT CLEARLY

☐ Student ☐ Guest ☐ Other

Name: _____

School: _____

Assigned Department: _____

Course of Study: _____

Clinical Instructor: _____

Start Date: _____ End Date: _____ HLC #: _____

Authorized Signature: NA

Printed Name of Authorized Signor: Rachel Wildey, Student Services Specialist

Student Understanding and Agreement

1. Badges are visual and physical keys and should be treated with extreme care to ensure the safety of patients, employees and guests. Do not subject to extreme temperatures or puncture the badge as damage to the proximity chip may occur.
2. It is the responsibility of the student to have damaged or demagnetized identification badges reissued by Education, and immediately report lost identification badges to Education. A new badge photo will be taken every time a badge is printed. Replacement badges are $10.00 each.
3. School badges will be worn as the primary badge, with the Kadlec Regional Medical Center issued badge worn behind only for access.
4. Badges are the property of Kadlec Regional Medical Center and must be surrendered upon completion of clinical training.
5. I have been informed and understand that I may park in the church parking lot behind the hospital or the Gilmore Parking lot only. Parking in the front of the hospital or in undesignated spots may result in ticketing or towing.

_____ _____

Student Signature Date

_____ _____

E-mail Address Phone/Mobile

_____ / _____ / _____

Auto Make Auto Model License Plate #

EDUCATION USE ONLY

Prepared in System: _____ Date Printed: _____

Proximity number: _____ By: _____ Notes: _____