



A Higher Level of Care

STUDENT/GUEST BADGE REQUEST FORM

PLEASE PRINT CLEARLY

Student Guest Other

Preferred Name _____ Middle Initial _____

School: _____

Assigned Department: _____

Course of Study: _____

Clinical Instructor: _____

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

Printed Name of Authorized Signor: _____, 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.

Student Signature

Date

E-mail Address

Phone/Mobile

EDUCATION USE ONLY

Proximity number: _____ By: _____ Date: _____