



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: \_\_\_\_\_