

♥ P.I.C.U. PARENT SECURITY I.D. APPLICATION ♥

PICTURE ID IS REQUIRED OF ALL APPLICANTS.

Date: _____

Badge #: _____

APPLICANT SECTION: Please complete all areas within this box

Last Name: _____ First Name: _____ MI: _____
Social Security No: _____ Date of Birth: _____
MM/DD/YY
Home Address: _____
Street City State Zip
Phone Number: _____

According to the ***Annotated Code of Maryland – Health – General § 19-308.4, Security ID badges are to be conspicuously displayed at all times, in the upper chest area, by employees and other personnel granted access, while in any Medical System Building.*** Be advised that unauthorized use of UMMC Security ID badges may result in revocation of the badge. The Security ID Badge may not be loaned, transferred, or used by other than the individual who is pictured and named on the badge. Security ID Badges are the property of UMMC and must be surrendered to UMMC upon patient discharge or when requested by UMMC Management. ***The replacement cost is \$15***

I have read, understand, and agree with this statement _____
Signature Required

AUTHORIZATION SECTION: This section to be completed by the authorizing agent.

BADGE TYPE: ♥♥ P.I.C.U. PARENT ♥♥

Start Date: _____

End Date: _____

Authorized Signature: _____

Authorizer's email: _____

Printed Name: _____

Authorizer's phone: _____

**The Security Badge Office is located in the basement of the North Hospital Building (NBE47)
Hours of Operation: Monday – Friday 7:00 am – 8:00 pm
Phone: (410) 328-1329 Email: Badge_Office@umm.edu
IMPORTANT: Report lost, stolen, or missing badges immediately.**