

MARQUETTE UNIVERSITY
OFFICE OF RESIDENCE LIFE
UNDER 18 OVERNIGHT GUEST FORM

PARENTAL/GUARDIAN CONSENT AND MEDICAL INFORMATION

Marquette Student Information

Host Name: _____ Host Residence Hall: _____
Host Room Number: _____ Host CellPhone: _____

Guest Information

Guest Name: _____ Relationship to Host _____
Guest Date of Birth: _____ Guest Gender: _____

Guest's Parent/Guardian Information

Name: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

I, the undersigned, parent/guardian of _____ grant permission for my child to stay overnight from _____ to _____ in a residence hall at Marquette University. I understand that my child must adhere to all rules and regulations of Marquette University and its residence halls during their stay.

In the event of an emergency I, the undersigned, authorize and grant permission to Marquette University to administer first aid and/or obtain emergency medical treatment for my child. The undersigned agrees to pay all expenses incurred due to an emergency involving my child in conjunction with this overnight stay.

Parent/Guardian Signature

Date

Emergency contact (if different than parent/guardian noted above):

Name: _____ Phone: _____

This form must be on file with the hall director at least THREE working days prior to the guest's arrival to campus. Submit to the front desk of your hall.

RHD Use Only

RHD Approval _____
Date: _____
Contact via: phone email other