

MARQUETTE UNIVERSITY
OFFICE OF RESIDENCE LIFE
UNDER 18 OVERNIGHT GUEST FORM

PARENTAL/GUARDIAN CONSENT AND MEDICAL INFORMATION		
Marquette Student Information		
Host Name: <u>Leave Blank</u>	Host Residence Hall: <u>Leave Blank</u>	
Host Room Number: <u>Leave Blank</u>	Host Cell Phone: <u>Leave Blank</u>	
Guest Information		
Guest Name: _____	Relationship to Host <u>ROTC Shadow</u>	
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 son/daughter to stay overnight from 2/4/2021 to 2/5/2021 in a residence hall at Marquette University. I understand that my son/daughter must adhere to all rules and regulations of Marquette University and its residence halls during his/her 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 son/daughter. The undersigned agrees to pay all expenses incurred due to an emergency involving my son/daughter 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.
Submit**

RHD Use Only	
RHD Approval _____	
Date: _____	
Contact via: <input type="checkbox"/> phone <input type="checkbox"/> e-mail <input type="checkbox"/> other	