

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