

Tulane University Parent/Guardian Consent & Medical Release Form

This form is required for anyone under the age of **18** visiting Tulane University as an overnight guest. Guests under the age of **16** must be a sibling of the resident. Please complete the form and submit it to Housing and Residence Life **5 business days** prior to guest arrival for approval. You may fax it to 504-862-5645 or scan and email it to housing@tulane.edu. Underage guests will not be allowed to stay overnight without this form.

Tulane University Student Host (Name and ID Number):	
Student Host Building and Room Assignment:	
Date arriving to campus:	
Date departing campus:	
Name of Minor:	
Home Address:	
Date of Birth:	
Cell Phone:	
Name of Parent/ Guardian:	
Day Phone:	
Evening Phone:	
Cell Phone:	
EMERGENCY CONTACT (IF PARENT/ GUARDIAN CANNOT B	E REACHED):
Name:	
Relationship:	
Day Phone:	
Evening Phone:	
Cell Phone:	
ALLERGIES/MEDICATIONS/ SPEICAL MEDICAL CIRCUMSTA	NCES:
I give permission of my child named above to visit Tulane Un Tulane University, its trustees, officers, agents, and employed whatsoever arising out of or in any way related to my child's emergency and if we cannot be reached, we the undersigned authorize a representative of Tulane University to consent to	ees from any and all liability, damage, claim of any nature sparticipation in this visit to Tulane. In case of an ed parent or guardian of the above-named child, do hereby
Signature of Parent/ Guardian:	Date:
In the event that my child's photograph is taken during the University to use my child's photograph on their website or	
Initial of Parent/ Guardian:	Date:
have read and fully understand all of the provisions of this	Permission Form.
I have also read and agree to comply with the Housing and	Residence Life Guest Policies.
Signature of Student:	Date:
**Resident host must also sign the Overnight Guest Re	gistration Form in addition to signing this form. The form

can be found here: https://tulane.co1.qualtrics.com/jfe/form/SV_dcKniFZieSh6MOp