## housing + residence life

**Tulane University Student Host (Name and ID Number):** 

## 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. Please complete the form return it to the Housing and Residence Life by noon the business day prior to arrival. You may fax it to 504-862-5645 or scan and email it to housing@tualne.edu. Underage guests will not be allowed to stay overnight without this form.

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 BE REACHED):	
Name:	
Relationship:	
Day Phone:	
Evening Phone:	
Cell Phone:	
ALLERGIES/MEDICATIONS/ SPEICAL MEDICAL CIRCUMSTANCES:	
I give permission of my son/ daughter named above to visit Tulane University. I hereby release, indemnify, and hold harmless Tulane University, its trustees, officers, agents, and employees from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to my child's participation in this visit to Tulane. In case of an emergency and if we cannot be reached, we the undersigned parent or guardian of the above- named child, do hereby authorize a representative of Tulane University to consent to any medical treatment or care deemed advisable.	
Signature of Parent/ Guardian:	Date:
In the event that my son/daughter's photograph is taken during the course of campus events, I give permission to Tulane University to use my son/daughter's photograph on their website or in their publications.	
Initial of Parent/ Guardian:	Date:
I 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: