Overnight Visit Consent Form

*PLEASE COMPLETE PERMISSION/MEDICAL RELEASE FORM ON PAGE 2*
PERMISSION / MEDICAL RELEASE FORM

This form is required for any student visiting overnight. Please complete the form and make sure to return it to the Office of Admission at least 24 hours before your visit. You may fax it to (323) 341-4875 or scan and email it to admission@oxy.edu. You will not be allowed to stay overnight without this form.

Date & time arriving on campus:
Date & time departing campus:

Name of Student:
Gender:
Date of Birth:
Home Address:
Student Cell Phone:

Name of Parent/Guardian:
Day Phone:
Evening Phone:
Cell Phone:

EMERGENCY CONTACT (If parent/guardian cannot be reached):
Name:
Relationship:
Email:
Day Phone:
Evening Phone:
Cell Phone:

ALLERGIES/MEDICATIONS/ SPECIAL MEDICAL CIRCUMSTANCES:


I give permission of my student named above to visit Occidental college. I hereby release, indemnify, and hold harmless Occidental College, 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 student’s participation in this visit to Occidental. In case of an emergency and if we cannot be reached, we the undersigned parent or guardian of the above-named student, do hereby authorize a representative of Occidental College to consent to any medical treatment or care deemed advisable.

Signature of Parent/Guardian: ____________________________ Date: ___________

In the event that my student’s photograph is taken during the course of campus events, I give permission to Occidental College to use my student’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 Visitation Agreement.

Signature of Student: ____________________________ Date: ___________