

Student Visitation Agreement

Please Check	all that apply:					
Pros	pective Student	\bigcirc	Enrollment Staff	_		
Athle	etic Recruit		Sport/Coach			
Over	night Guest of Stude	ent O	Host Student			
_	_		safety and protection of the student host,	the visitor, the parents of		
the visitor and Randolph-Maco	_	-				
			Visitor's Date of Birth			
Date of Arrival	Date of Departur	re				
VISITOR RESPONSIBILITIES:						
I agree to:	dala akal.aak la a.a	4 -4 -11 4:				
	with my student hos					
	 Not consume alcohol (if under 21) or illegal drugs during my visit. Use good judgment and adhere to safety precautions and guidelines as may be set forth by College 					
• Use §		adriere to	safety precautions and guidelines as may	be set forth by College		
		Campus 9	Safety			
 Register my vehicle with Campus Safety Adhere to and respect all Residence Life and Housing, Greek Life, and Code of Student Conduct 						
policies and the laws of the Commonwealth of Virginia.						
•			d the results of my actions while I am a vis	sitor at R-MC.		
	•		SS OF VISITATION PRIVLEGES TO R-MC AN			
THE R-MC CAMPUS AND/OR AI				,		
-						
			TIC RECRUITS AND OVERNIGHT GUESTS <u>U</u>	NDER 18 YEARS OF AGE.		
Parent or Guardian Name(s)						
Home Phone Number			Mobile Phone Number			
Residence						
Please check if you are the prin	mary emergency con	ıtact: (
PARENT OR GUARDIAN RESPO	NSIBILITIES:					
I agree to:						
•	· ·		residence information for contact in the e	= -		
•	Disclose any medical conditions (see reverse side) that might need attention during the visit					
•			employees, students and trustees of any re			
		behavior on the part of my son or daughter and the results of said behavior which may violate				
	=		s and/or College policies.			
•		tents of th	nis agreement with my son or daughter to	ensure their compliance		
Described Organization	with it.		ъ.			
Parent or Guardian Signature_		Date Residence Hall				
	Mot	oile Numb	oer			
HOST'S RESPONSIBILITIES:						
I agree to:	Ctov with vioitor	مد ماا خنسه	20			
	Stay with visitor			-l., -t (004)750 4740		
	• •		tions/emergency to the College immediate	лу аt (804)752-4710		
•	•		olicy violation to a College Official.	la a colt della a communi		
•	•	•	student or athletic recruit Off- Campus wit	nout the express		
	permission of the		_	- 0		
•	-		ated in Residence Life and Housing Policie			
LUNDEDOTAND THESE INSTRU			uct and the laws of the Commonwealth of	_		
WELL AS ADDITIONAL ADMINIS		AILUKE I	O ABIDE BY THIS AGREEMENT MAY RESUL	LI IN JUDICIAL ACTION, AS		
Host signature			Date			

Medical Consent Form

The following consent form should be completed and signed by a parent or guardian so that indicated medical care may be given without unnecessary delay. No major procedures will be performed, except in extreme emergencies, without the parents or guardians of the prospective student/athletic recruit/overnight guest being notified and fully informed, unless the prospective student/athletic recruit/overnight guest has achieved at least 18 years of age.

I GIVE PERMISSION TO ANY QUALIFIED COLLEGE OR OTHER EMERGENCY MEDICAL PERSONNEL TO CARRY OUT SUCH EMERGENCY DIAGNOSTIC AND THEREAPUTIC PROCEDURES AS MAY BE NECESSARY FOR MY SON/DAUGHTER TO RENDER EMERGENCY CARE AND ANY OTHER MEDICAL CARE.

Prospective Student/Athletic Recruit/Overnight Guest Name (PLEASE PRINT)
Name of Parent or Guardian of Prospective Student/Athletic Recruit/Overnight Guest, if under 18 (PLEASE PRINT)
Medical Condition(s)
Allergies to Medication(s)
Current Medication(s)
Parent/Guardian Signature or Guest Signature if over 18 Witness
Please Check one: This is a secondary emergency contact: This is a primary emergency contact Emergency Contact Information Name of Emergency Contact Relation to Guest Home Phone Number Mobile Phone Number
On-Campus Emergency Numbers
Campus Safety:
From mobile phone (804)752-4710 Emergency Services:
From Campus phone 9-911
From Mobile phone 911
College Officials:

TO CONTACT, DIAL 804-752-4710

Grant Azdell: Dean of Students

Kathryn Hull: Sr. Associate Dean of Students

Rodney Bardwell: Director of Residence Life & Housing and Judicial Affairs

David Lesesne: Dean of Admissions and Financial Aid

Jeff Burns: Director of Athletics

THIS FORM MUST BE RETURNED TO CAMPUS SAFETY AS SOON AS IT IS COMPLETED AND SIGNED