

Student Visitation Agreement

Please Check all that apply:

- Prospective Student Enrollment Staff _____
- Athletic Recruit Sport/Coach _____
- Overnight Guest of Student Host Student _____

The following visitation agreement is designed to insure the safety and protection of the student host, the visitor, the parents of the visitor and Randolph-Macon College. Please read completely and sign. Enjoy your visit!

Visitor's Name _____ Visitor's Date of Birth _____
Date of Arrival _____ Date of Departure _____

VISITOR RESPONSIBILITIES:

I agree to:

- Stay with my student host at all times.
- 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 officials.
- 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.
- Be responsible for my behavior and the results of my actions while I am a visitor at R-MC.

FAILURE TO ABIDE BY THIS AGREEMENT MAY RESULT IN LOSS OF VISITATION PRIVILEGES TO R-MC AND/OR REMOVAL FROM THE R-MC CAMPUS AND/OR AFFECT YOUR ELIGIBILITY FOR ADMISSION

Visitor Signature _____ Date _____

TO BE COMPLETED FOR PROSPECTIVE STUDENTS, ATHLETIC RECRUITS AND OVERNIGHT GUESTS UNDER 18 YEARS OF AGE.

Parent or Guardian Name(s) _____

Home Phone Number _____ Mobile Phone Number _____

Residence _____

Please check if you are the primary emergency contact:

PARENT OR GUARDIAN RESPONSIBILITIES:

I agree to:

- Leave phone and lodging/residence information for contact in the event of an emergency.
- Disclose any medical conditions (see reverse side) that might need attention during the visit.
- Hold harmless R-MC, its employees, students and trustees of any responsibility for any behavior on the part of my son or daughter and the results of said behavior which may violate this agreement, local laws and/or College policies.
- Discuss the contents of this agreement with my son or daughter to ensure their compliance with it.

Parent or Guardian Signature _____ Date _____

Host's Name _____ Residence Hall _____

Room _____ Ext _____ Mobile Number _____

HOST'S RESPONSIBILITIES:

I agree to:

- Stay with visitor at all times.
- Report any medical conditions/emergency to the College immediately at (804)752-4710
- Report immediately any policy violation to a College Official.
- Never take a prospective student or athletic recruit Off-Campus without the express permission of the authorizing official.
- Abide by all policies as stated in Residence Life and Housing Policies, Greek Life Policies and the Code of Student Conduct and the laws of the Commonwealth of Virginia.

I UNDERSTAND THESE INSTRUCTIONS AND THAT FAILURE TO ABIDE BY THIS AGREEMENT MAY RESULT IN JUDICIAL ACTION, AS WELL AS ADDITIONAL ADMINISTRATIVE ACTION

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 THERAPEUTIC 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

Denis Kanach: Director of Athletics

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