

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 ensure the safety and protection of the student host, the visitor, the parents of the visitor and Randolph-Macon College. **IT MUST BE RETURNED TO CAMPUS SAFETY @ 300 ENGLAND STREET BEFORE YOUR GUEST CAN**

STAY Please read completely and sign. Enjoy your visit!

Overnight Guest Policy: Overnight Guests (same or opposite sex), are allowed, but no more than two consecutive nights and not more than two, two-night periods within a 30-day period. The Host Student of an overnight guest must obtain permission from their roommate before the guest's arrival. All non-RMC overnight guests must be registered with Campus Safety located inside the Welcome Center at 300 England Street. Overnight guests are not allowed when Residence Halls are closed or during exam week (for students and non-students).

Visitor's Name _____ Visitor's Date of Birth _____
Visitor's Address _____ Visitor's Cell Phone Number _____
Date of Arrival _____ Date of Departure _____ Visitor's Temporary RMC Vehicle Tag Number _____
Visitor's Vehicle Information: Make _____ Model _____ License Plate Number _____

VISITOR RESPONSIBILITIES:

I agree to:

Always stay with my student host

My Student Host lives in

Not consume alcohol (if under 21) or illegal drugs during my visit.

Use good judgment and adhere to safety guidelines as may be set forth by College officials.

Register my vehicle with Campus Safety

Adhere to and respect all Residence Life, Fraternity and Sorority Life, and Code 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 _____

MEDICAL CONSENT

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, 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

Emergency Contact Information

Name of Emergency Contact _____ Relation to Guest _____

Home Phone Number _____ Cell Number _____

Host's Name _____ Residence Hall _____

Room _____ Cell Number _____

RESPONSIBILITIES:

I agree to:

Always stay with the visitor.

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.

Adhere to