



## Overnight Visit Policy Form

*Please complete, sign and return this form (via mail, fax, or e-mail) at least 4 business days before the date of the overnight visit. You will not be permitted to stay overnight in on-campus housing if this form is not received prior to your arrival.*

**Anticipated Date of Visit (mm/dd/yyyy):** \_\_\_\_\_

I am aware that I am a guest of Kalamazoo College and, as such, I assume complete responsibility for my behavior and actions while on campus.

I understand that, as a guest of the College, I am required to abide by Federal Law, State Law and College policy (as outlined in the Student Code of Conduct: <https://reason.kzoo.edu/studev/stuconduct/>) related to alcohol, illegal drugs and personal conduct. I am aware that Michigan law prohibits the consumption of alcoholic beverages by persons under 21 years of age, and prohibits the use of controlled substances considered to be illegal drugs.

I acknowledge that the Office of Admission will consider any violations of this policy or other negative behavior during my stay on campus when reviewing my application for admission.

**Full Name (Student):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Complete Street Address:** \_\_\_\_\_

**Student Cell Phone #:** \_\_\_\_\_

**Special Medical Conditions or Allergies:** \_\_\_\_\_

**BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND ALL OUTLINED PROVISIONS.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### PARENT/LEGAL GUARDIAN/EMERGENCY CONTACT

**Parent/Legal Guardian Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Relationship to Visiting Student:** \_\_\_\_\_

In case of an emergency, and if I cannot be reached, I, the undersigned parent(s) or guardian(s) of the above-named child, hereby authorize a representative of Kalamazoo College to act as my agent(s) to consent to any medical treatment or care deemed advisable. I desire to vest in my agent(s) full power to do anything and everything required for my child's care, and I hereby appoint my agent as my attorney-in-fact for me, in my name and on my behalf to do any of the things that I as a parent could do on behalf of my child, including consent to medical, psychological, or dental care or the admission to a hospital or medical center and consent to use of any medications or treatments. This authorization will remain effective for 60 days from the date of my signature.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Kalamazoo College, Office of Admission, 1200 Academy Street, Kalamazoo, MI 49006**

Fax: (269) 552-5083

Phone: (800) 253-3602

E-mail: [admission.visitcoordinator@kzoo.edu](mailto:admission.visitcoordinator@kzoo.edu)