

ASMSA OVERNIGHT GUEST FORM

GUEST INFORMATION

Guest's Name: _____

Guest will be staying with (ASMSA Student): _____

Your relation to the ASMSA student: _____

Dates of your stay: _____

THIS SECTION TO BE COMPLETED BY GUEST'S PARENT/GUARDIAN

Parent/Guardian Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Is your student driving? Yes No If yes, Vehicle Make and Model: _____

Year: _____ Insurance: _____ License Number: _____

Emergency Contact: _____ Phone Number: _____

Does your child have medical conditions we should be aware of? Yes No

If yes, please explain: _____

Have you completed the Permission to Treat Form? Yes No

If no, please explain: _____

I give permission for my child to stay overnight with _____ (ASMSA host student).

Parent/Guardian Signature: _____ Date: _____

ASMSA ADMINISTRATION SECTION

RESIDENTIAL LIFE COORDINATOR

APPROVAL DISAPPROVAL

Signature: _____ Date: _____

TO BE COMPLETED BY RESIDENTIAL LIFE OFFICE

The Overnight Guest has completed the following forms:	Overnight Guest Permission Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Permission to Treat Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	ASMSA Rules in Brief Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no, please explain: _____

Guest, please complete the Permission to Treat Form and the ASMSA Rules in Brief Form