



DIVISION OF STUDENT LIFE | RESIDENTIAL LIFE OFFICE

PARENT/GUARDIAN CONSENT FORM UNDER 18, GUEST VISITATION

715 NORTH AVENUE · NEW ROCHELLE · NY 10801 · PHONE: 914.633.2336 · FAX: 914.637.7775

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

(Form must be submitted to the building's front desk by 10:00pm on date of visit)

Please print.

I, _____, certify that I am the parent or legal guardian of _____, who is _____ years old, and grant permission for my child to stay as a guest from _____ to _____ in a residence hall at Iona College. I understand that as a guest on Iona College's campus, s/he is required to adhere to all policies and regulations set forth by the College Code of Conduct and New York State laws. Further, I understand that Iona College assumes no supervisory responsibilities for my child during the visitation period and that as an overnight guest my child may only stay a maximum of three (3) nights in a one (1) week period.

In the event of an emergency, I, the undersigned, authorize the employees of Iona College to treat and/or obtain medical treatment or to use their discretion to transport, or to have my child transported, to any medical facility and hereby give consent in my absence to have my child treated. The undersigned agrees to take full responsibility for all expenses incurred due to an emergency or any damages to College property by my child during his/her stay.

Parent/Guardian Signature

Date

IONA COLLEGE STUDENT HOST INFORMATION

Host Name: _____ Host Phone Number: _____

Host Hall & Room: _____ Host Student ID Number: _____

GUEST INFORMATION

Guest Name: _____ Guest D.O.B. _____

Guest ID Type: _____ Guest ID Number: _____

ID Expiration Date: _____ Guest Cell Number: _____

Guest is (check all that apply): ☐ Day Guest ☐ Admissions Prospective Student
☐ Overnight Guest ☐ Athletic Recruit, Team: _____

GUEST'S PARENT/GUARDIAN INFORMATION

Name: _____ Cell Phone: _____

Address: _____ Home Phone: _____

☐ Please check if you are the primary emergency contact

Emergency Contact (if different from above)

Name: _____ Phone Number: _____

FOR IONA PROFESSIONAL STAFF USE ONLY

Parent Contacted for Confirmation: Date: _____ Time: _____ Staff Signature: _____