



## **Enrollment Center Parent/Guardian Permission Release and Medical Authorization**

A copy of this form must be signed and received by the Enrollment Center  
(5700 College Road, Lisle, IL 60532) before or on your date of arrival.  
If you have any questions, please contact the Enrollment Center at (630) 829-6300.

Name \_\_\_\_\_ School \_\_\_\_\_ Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Social Security Number \_\_\_ / \_\_\_ / \_\_\_  
Any medical conditions/special accommodations (i.e. allergy to food, medicine, etc.) \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Medical Insurance Info/Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Name/Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

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I, \_\_\_\_\_, agree to follow the rules of Benedictine University and the Residence Life Policies and Procedures. I understand that I am also responsible for any damage or loss of property that I may cause. I also understand that as a guest of the University, I am not permitted to be in possession of, distribute, or consume alcoholic beverages or illegal substances while in University housing or on the Benedictine University campus.

I have read and understand the responsibilities regarding my overnight visit to Benedictine University and will adhere to these procedures. I understand that failure to abide by these policies could result in disciplinary action or the loss of consideration for enrollment at Benedictine University.

Guest/Student Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are 17 years old or younger, please have your parents fill out and sign the section below.

I hereby give my child (name) \_\_\_\_\_ permission to visit Benedictine University, on (date) \_\_\_\_\_. I understand that as a visitor to Benedictine University my child will be expected to exercise judgment as to participation in the many educational, recreational and social activities that are available and to assume full responsibility for his/her conduct during the visit. I authorize Benedictine University to arrange for my child's transportation and immediate medical care in the event of a medical emergency. I also agree to be financially responsible for any medical expenses that may be incurred as a result of this care.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only:

Host Name \_\_\_\_\_ Hall and Room Number \_\_\_\_\_  
Room Extension \_\_\_\_\_ Date of Overnight Stay \_\_\_\_\_

Please note that a completed copy of this form should be submitted to the Enrollment Center,  
the University Police, Residence Life and the student.