

ASMSA OVERNIGHT PERMISSION FORM - SHADOW

SHADOW INFORMATION

Shadow's Name: _____

Guest will be staying with (ASMSA Student): _____

THIS SECTION TO BE COMPLETED BY SHADOW'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: _____

TO BE COMPLETED BY RESIDENCE LIFE OFFICE

The Overnight Guest has completed the following forms:

Overnight Guest Permission Form

Yes

No

Permission to Treat Form

Yes

No

ASMSA Rules in Brief Form

Yes

No

If no, please explain:

ASMSA PERMISSION TO TREAT FORM

STUDENT INFORMATION

Name: _____ D.O.B.: _____ SSN: _____ Gender: M F

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

THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN

Parent/Guardian Name(s): _____

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

Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone Number: _____

INSURANCE PROVIDER INFORMATION (Or, attach copy of insurance card)

Health Insurance Company: _____ Policy #: _____

Insurance Company Address: _____ Phone Number: _____

Name of Policy Holder: _____ Policy Holder's D.O.B.: _____

Policy Holder's Occupation/Employer: _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

HMO Information (if applicable): _____

Pre-Treatment Authorization Plan Number (if applicable): _____

STUDENT MEDICAL INFORMATION

• Does the student have any allergies? If yes, please specify: _____

• List any medication the student takes regularly. Failure to turn prescription and unapproved over the counter medication in to the Nurse is a violation of school policy. Additional medications may be listed on the back.

Medication: _____ Strength: _____ Dosage: _____

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• List any other conditions that may require special care or diet, as well as any important/recent hospitalizations

(ie, diabetes, asthma, etc): _____

This form is used to assist ASMSA personnel in ensuring your student receives medical care or attention, including in case of emergency. This information will be used only by ASMSA personnel and by appropriate health care personnel. No information on this form will be released to any other party without written consent.

I hereby authorize any medical treatment for my student which may be advised or recommended by ASMSA personnel and/or medical personnel in area hospitals. I agree to be responsible for all financial charges incurred as a result of ancillary services (ie, X-rays, etc.) and other services not covered by insurance.

Student's Parent/Guardian Name (please print): _____

Student's Parent/Guardian Signature: _____ Date: _____

ASMSA RULES IN BRIEF

1. No alcoholic beverages, tobacco products, illegal drugs, or weapons of any kind are allowed on the ASMSA campus or at any ASMSA sponsored event.
2. No knives of any kind, regardless of blade length, are allowed on the ASMSA campus or at any ASMSA sponsored event.
3. No prescription medications are allowed on the ASMSA campus or at any ASMSA sponsored event without written permission from the ASMSA nurse.
4. No visitor is allowed to visit a Residence Hall floor occupied by students of the opposite gender for any reason at any time.
5. Visitors must sign on and off campus at the Security Office (first floor of the Residence Life Building), and check in with the Residence Life Office.
6. Visitors may only stay the night in the room authorized by ASMSA staff members.
7. No inappropriate displays of affection are allowed.
8. No profanity or obscene language or gestures are allowed.
9. Visitors must remain fully clothed at all times when not in the room where they are assigned.
10. Visitors may not transport any ASMSA student in their vehicles without written permission from that student's parent/guardian.
11. Visitors are expected to use ASMSA property and furniture properly, and will be expected to pay for any damages they cause.
12. All students and guests are subject to a Breathalyzer test.
13. The Dean of Residential Affairs must approve guests over the age of 21.
14. Any visitor who fails to adhere to these rules may be barred from campus at the discretion of the Residential Life Supervisor on call.

I understand I am invited to the Arkansas School for Mathematics, Sciences & the Arts (ASMSA) as a guest and am subject to all rules governing the student body, as stated above. I have read the rules of ASMSA and will abide by them for the duration of my stay at ASMSA.

Guest's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____