

**MINOR OVERNIGHT VISITATION FORM**  
**Neumann University – Office of Residence Life**

**I. Neumann University Student Host Information**

Name: \_\_\_\_\_ ID # \_\_\_\_\_

Campus address: LLC \_\_\_ Buoni \_\_\_ House \_\_\_ Room # \_\_\_ Extension # \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

**II. Guest Information (must be at least 12 years old by first day of visit)**

Name: \_\_\_\_\_ Gender: Female Male

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Please list all allergies (if you need additional space, please use section on third page):

1. \_\_\_\_\_ 2. \_\_\_\_\_

Please list all physical limitations (if you need additional space, please use section on third page):

1. \_\_\_\_\_ 2. \_\_\_\_\_

Please list all prescribed medications (all medication must be in original container and clearly labeled with minor's name, name of medication, dosage, prescription date, doctor's name, and doctor's phone number; if you need additional space, please use section on third page):

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**III. Visitation Information**

Date(s) of stay (the total number of overnight visits may not exceed 20 days and no more than two (2) consecutive nights): \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**IV. Parent/Guardian Information**

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship to minor: \_\_\_\_\_

Relationship to Neumann University student: \_\_\_\_\_

**MINOR OVERNIGHT VISITATION FORM**  
**Neumann University – Office of Residence Life**

**V. To the Director of Residence Life:**

I, \_\_\_\_\_, hereby give permission for my son/daughter,  
\_\_\_\_\_, to visit Neumann University overnight with  
\_\_\_\_\_ on the date(s) indicated above in Section III. I further understand that:

- a. My son/daughter and their student host are both bound by the policies set forth in the Neumann University Student Handbook that can be found at [www.neumann.edu](http://www.neumann.edu), under *Student Life*.
- b. If at anytime my son/daughter or their student host violates any University policies, the student host may be documented and my son/daughter may be asked to leave. I may be called to pick them up.
- c. Neumann University is a Catholic, Franciscan institution of higher education that is committed to values that respect the unique dignity of each human person. Therefore, any items or behaviors deemed by university officials to violate the dignity of another person or cause harm to my son/daughter or another person is strictly prohibited.
- d. Neumann University is not responsible for providing my son/daughter with meals or sleeping accommodations. This responsibility is shared jointly between the Neumann University student hosting my son/daughter and me. It is the host student's responsibility to ensure that there is ample space for my son/daughter to spend the night and all roommates are in agreement. It is my responsibility to follow up with the student host and make appropriate arrangements for food and bedding.
- e. My son/daughter and I assume all risks when using Neumann University facilities or attending University sponsored events.
- f. Submitting this form does not guarantee that permission will be granted for my son/daughter to visit Neumann University overnight. The University reserves the right to deny any and all requests for overnight visitation.
- g. Minors visiting the University during regular minor visitation hours (10:30 AM – 10:30 PM everyday) will NOT be granted overnight visitation the same day unless warranted by extreme circumstances. The final decision will be made by the Director of Residence Life or his/her designate.
- h. I authorize Neumann University to summon a doctor at such times deemed necessary. In the event of serious illness or accident which requires an immediate operation or other emergency treatment, I permit the University to authorize such operation or treatment if I cannot be reached by telephone for my consent.

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

**IMPORTANT:** Except those minors visiting as athletic recruits, this form must be returned to the Office of Residence Life at least ten business days before the first day of overnight visit. Athletic recruits are to contact their coach to confirm overnight visitation. Please complete a new form for each minor staying overnight. Each resident student is allowed one overnight guest per night. Completed forms can be returned to the Office of Residence Life in LLC I, **faxed to 610.358.4231**, Attn: Office of Residence Life, or mailed to:

Office of Residence Life  
Neumann University  
One Neumann Drive  
Aston, PA 19014

Incomplete forms will automatically be denied. If a question above does not apply, please answer "N/A". The Neumann University student hosting your son/daughter will be notified in writing via their campus mailbox if permission for minor overnight visitation was granted or denied; it will be their responsibility to notify you. Please retain a copy of this form for your records.

