BAY PATH UNIVERSITY
CAMPUS OVERNIGHT PERMISSION SLIP

(Please Print)
Student's Name: _____
(Last) (First)
Home Address: _____

_____

Home Telephone: ( ) _____

Parent(s)'/Guardian(s)' Name(s): _____

Home Telephone: ( ) _____

Student's Cell Phone: ( )_____

Parent's Cell Phone: ( ) _____

If parents will be staying in the Springfield area, provide a local contact and telephone number:

_____ ( )_____

STUDENT PERMISSION/RELEASE

I agree to adhere to the rules, regulations, and policies of Bay Path University. **I agree to stay on campus for the duration of my visit and will make sure that my overnight host or Admissions Counselor is aware of my whereabouts at all times.** I will adhere to the schedule the Admissions Office sets and I will conduct myself in an appropriate manner at all times. **Please note: there will be a dorm check-in during the evening. We will contact your parents and/or guardians if you are not accounted for.**

Signature of Student _____ Date: _____

Dates of Overnight Stay_____ to _____

PARENT/GUARDIAN PERMISSION/RELEASE

I do hereby give permission for _____(student's name) to participate in the campus Overnight Program at Bay Path University. **My daughter agrees to adhere to the rules, regulations, and policies of Bay Path University**. In the event of an accident, injury, or illness requiring medical attention, I give permission to Bay Path University to take whatever steps necessary to arrange appropriate treatment including hospitalization and emergency response. I understand that she has agreed to stay on campus at all times, and will have an individual schedule to adhere to for the duration of the visit. ***In the event that she leaves the campus during her stay, Bay Path University is not liable***.

Signature of Parent/Guardian_____ Date: _____

Parent's Phone Numbers:
Cell: ( ) _____ Home: ( ) _____ Other: ( ) _____

PLEASE LIST ANY MEDICAL CONDITIONS, ALLERGIES, OR PERSONAL NEEDS WE SHOULD BE AWARE OF:

_____

Student's Physician: _____ Physician's Telephone: ( ) _____

City: _____ State: _____