



**Parent/Guardian Consent Form**

*Office of Campus Life*  
 Florham Campus  
 285 Madison Ave, M-FTO-01  
 Madison, NJ 07940

**Phone:** 973-443-8586, **Fax:** 973-443-8338, **Email:** [fduhousing@fdu.edu](mailto:fduhousing@fdu.edu)

- This Consent Form is required for all guests who are 16 and 17 years of age.
- Individuals 15 years old and under are not permitted to be overnight guests in the residence halls.
- Consent Form must be submitted to the Office of Campus Life at least seven (7) days in advance.
- **Photocopy of Parent/Guardian's state ID or driver's license must be attached to Consent Form.**
- College students who are at least 17 years old are not required to submit a Consent Form. A valid college ID will be required when being signed in by FDU host at Public Safety.

**Please print:**

I, \_\_\_\_\_, certify that I am the parent or legal guardian of

*Parent/Guardian's Name*

\_\_\_\_\_, who is \_\_\_\_\_ years old, and hereby give my consent for him/her

*Guest's Name*

to visit \_\_\_\_\_ overnight at Fairleigh Dickinson University, during the following days

*FDU Student's Name*

(please include dates): \_\_\_\_\_. During this overnight visit, my child will stay in a FDU

residence hall and I authorize \_\_\_\_\_ to be responsible for the supervision of my child.

*FDU Student's Name*

**By signing this document:**

- I understand that my child may stay no more than two (2) consecutive nights or five (5) cumulative days total during the semester, whether with the same host or different hosts each night. Guests may not move from one host's room to another in order to extend their stay in the residence halls.
- I recognize that my child is responsible for his/her own actions while visiting FDU and staying overnight.
- I understand that my child's visit is voluntary and that my child will be visiting and staying overnight at his/her own risk.
- I further understand that as a guest on Fairleigh Dickinson University's campus, s/he is required to abide by all policies and regulations as stated in the University's publications and materials, including the Guest & Visitation Policy.
- ***I also understand that FDU and/or the Office of Campus Life reserve the right to deny any request for overnight guests.***

In consideration of FDU allowing my child to visit overnight, I hereby release and hold harmless Fairleigh Dickinson University, its trustees, officers, employees and agents against loss (including reasonable attorneys' fees) from any and all claims or causes of action for all known and unknown, foreseen and unforeseen, bodily injuries, damages to property and consequences thereof which may be sustained by my child or by me arising out of, or in connection with, my child's overnight visit. In addition, I agree to take full responsibility for any damage done to University property by my child during his/her stay at Fairleigh Dickinson University.

If my child should suffer an injury or illness during his/her stay, I authorize the employees of Fairleigh Dickinson University to have my child transported to any medical facility and hereby give consent in my absence to have my child treated at any medical facility and I take full responsibility for that action.

**Parent/Guardian Information:**

Name \_\_\_\_\_ Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

**Campus Life Use:**  Approved  Denied Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_