



# Student Visitation Agreement

Please check all that apply:

Prospective Student:

Enrollment Staff: \_\_\_\_\_

Athletic Recruit:

Sport/Coach: \_\_\_\_\_

Overnight Guest of Student:

Host Student: \_\_\_\_\_

The following visitation agreement is designed to insure the safety and protection of the student host, visitor, the parents of the visitor and Southern Vermont College. Please read completely and sign. Enjoy your visit!

Visitors Name: \_\_\_\_\_ Visitor's Date of Birth: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Temporary SVC Parking Pass Number \_\_\_\_\_

Visitor's Vehicle Information: Make: \_\_\_\_\_ Model: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

### VISITOR RESPONSIBILITIES:

#### I agree to:

- Stay with my SVC student host at all times.
- Not consume alcohol (if under 21) or illegal drugs during my visit.
- Use good judgment and adhere to safety precautions and guidelines as may be set fourth by College officials.
- Register my vehicle with Campus Safety
- Adhere to and respect all Student Code of Conduct policies and the Vermont State laws.
- Be responsible for my behavior and the results of my actions while I am a visitor at SVC.
- Must carry their SVC guest pass with them at all times while on campus.

**Failure to abide by this agreement may result in loss of visitation privileges to SVC and/or removal from the SVC campus and/or affect your eligibility for admission.**

Visitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **To be completed for prospective students, athletic recruits and overnight guests under 18 years of age.**

Parent or Guardian Name(s): \_\_\_\_\_

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

Residence: \_\_\_\_\_

Please check if you are the primary emergency contact:

### PARENT OR GUARDIAN RESPONSIBILITIES:

#### I agree to:

- Leave phone and lodging/residence information for contact in the event of an emergency.
- Disclose any medical conditions (see reverse side) that might need attention during the visit.
- Hold harmless SVC, its employees, students and trustees of any responsibility for any behavior on the part of my son or daughter and the results of said behavior which may violate this agreement, local laws and/or College policies.
- Discuss the contents of this agreement with my son or daughter to ensure their compliance with it.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Host Name: \_\_\_\_\_ Residence Hall: \_\_\_\_\_

Room: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

### HOST'S RESPONSIBILITIES

#### I agree to:

- Stay with visitor at all times.
- Report any medical conditions/emergencies to the College immediately at (802) 384-1648
- Never take a prospective student or athletic recruit off-campus without the express permission of the authorizing official.
- Abide by all policies as stated in the Student Code of Conduct and the laws of the state of Vermont.

**I understand these instructions and that failure to abide by this agreement may result in being referred to the conduct process as well as additional administrative action.**

Host Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Roommate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Medical Consent Form

The following consent form should be completed and signed by a parent or guardian so that indicated medical care may be given without unnecessary delay.

---

Prospective Student/Athletic Recruit/Overnight Guest Name (Please Print)

---

Name of Parent or Guardian of Prospective Student/Athletic Recruit/Overnight Guest, if under 18 (Please Print)

---

Medical Condition(s)

---

Allergies to Medication(s)

---

Current Medication(s)

---

Parent/Guardian Signature or Guest Signature if over 18

---

Witness

Please check one: This is a secondary emergency contact:

This is a primary emergency contact:

Emergency Contact Information

Name of Emergency Contact: \_\_\_\_\_

Relation to Guest: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

---

## On-Campus Emergency Numbers

Campus Safety:

Office (802) 447-4001

Mobile Phone (802) 384-1648

Emergency Services:

Police/Fire/Ambulance: 911

SVC Weather Line: (802) 447-4694

---

## College Officials:

Anne Hopkins Gross: Dean of Students - (802) 447-6323

Michael McDonough: Director of Athletics - (802) 447-4658

Emily Schiavoni: Director of Residence Life - (802) 447-4013

George Marshall: Director of Campus Safety - (802) 447-4001

Jeremy Gibbons: Assistant Dean of Admissions - (802) 447-6308

**This form must be completed, signed and returned to Campus Safety located in Aldis Hall by 8pm the first day the guest arrives to campus.**