

Wabash.

Overnight Consent Form

Wabash College's highest priority is the well-being of its students, faculty, staff, alumni, and community guests. To that end, we require overnight guests participating in Admissions events to be fully vaccinated against COVID-19 prior to coming to campus. You will be required to show proof of your vaccination prior to the event.

Wabash College is pleased to welcome prospective students to campus for overnight visits. In order to ensure the best possible experience for our guests as well as our current students, the College requires that visiting students abide by Wabash College's single rule of conduct: The student is expected to conduct himself at all times, both on and off campus, as a gentleman and a responsible citizen as well as the code of conduct enforced by the student's current institution. If you have questions about the Gentleman's Rule, you may ask a member of the Admissions Staff. The College may require a visitor to leave campus if he does not comply with this conduct requirement.

I understand that in the case of an emergency, reasonable efforts will be made to contact the parent/guardian or alternate contact listed below. If those efforts do not succeed, we hereby authorize the College to provide to the student, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services should the student require such assistance, transportation, or services as a result of injury or damage while on campus. This consent does not impose a duty upon the College to provide such assistance, transportation, or services.

Student Name (please print) _____

Student Signature _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____

(Required for students under 18)

Please Provide the Following Emergency Contact Information:

Name of Parent/Guardian _____

Preferred Phone _____

Other Emergency Contact Name _____

Preferred Phone _____

Name of Primary Care Physician _____

Physician Phone _____

Please list any allergies, illnesses, or physical conditions of which we need to be aware

Please list any medications you are currently taking _____

This form may be faxed to 765-361-6437 or emailed to admissions@wabash.edu

By signing the document, you understand that you will be required to provide proof of vaccination prior to your visit in order to participate in the overnight component. Please email your vaccination card to wellsj@wabash.edu.