



Child on Campus Exemption Form

Personal Information

Name of parent/guardian: _____

Name of Child(ren): _____

Age of Child(ren): _____

Description of Child(ren): _____

Consent

Parent/Guardian agrees to supervision child(ren) and assume 100% responsibility of child(ren) while on campus.

Parent/Guardian Signature

Parent/Guardian Printed Name

Details of Visit

Date of visit: _____

Time on campus: Arrival _____ until _____

Will utilize Calvary parking lot and shuttle system? Yes _____ No _____

AHU Authorized Approval

Printed Name

Department Chair/Director Signature