



## 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