

Southeastern Louisiana University
Faculty/Staff
Student Off-Campus Visitation
Checklist

As a reminder to faculty and staff who are involved with students traveling off campus due to University classes, events, or approved programs, the following is a checklist of information the professional staff person may want to have on each student traveling.

*Faculty and staff traveling with students should keep three sets of this information, one for their use on the trip, one left on campus with their immediate supervisor, and one for the **Dean of Students**.

- _____ 1. Student's full name and nickname (if any).
- _____ 2. Student's local address and phone number.
- _____ 3. Student's permanent address and phone number.
- _____ 4. Person to contact in an emergency, the relationship of that individual to the student, and a phone number where they can be reached.
- _____ 5. Student's cell phone.
- _____ 6. Student's health concerns, medications taken, medical conditions, and/or any disabilities.
- _____ 7. Student's doctor's name and phone number.
- _____ 8. Student's medical insurance company and policy number.
- _____ 9. Student's class schedule.
- _____ 10. Student's W number or social security number.
- _____ 11. Student's destination and date and time of departure and return.
- _____ 12. Phone number of hotel or place where student is staying while off campus (if over night).
- _____ 13. Student's method of travel; and if it involves driving, student's driver's license and vehicle insurance.
- _____ 14. Expected behavior guidelines (i.e., Code of Student Conduct, Alcohol Policy, applicable state and local laws).
- _____ 15. Off-Campus Visitation Form (which can be downloaded from http://www.southeastern.edu/admin/stu_affairs/resources/assets/off_campus_vis_9_23_16_new.pdf). Form should be filled out in triplicate and have the required signatures by the appropriate dates.

Student Information
For Off-Campus Trips

Name: _____ Nickname: _____

Student's University I.D. (W #): _____

Local Address: _____

Permanent Address: _____

Cell Phone Number: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____

Medical Conditions/Health Concerns: _____

Medications Presently Taking: _____

Doctor: _____ (____) 17034-BBCC -1350/5e2:245278p120