Overnight Custody Agreement

| Date: |
|---------------------------------------|
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| |
| Parent/Guardian 1 Name: |
| |
| Parent/Guardian 2 Name: |
| |
| Child(ren) Name(s): |
| |
| Custody Details |
| Location of Overnight Stay: |
| |
| Dates and Times of Overnight Custody: |
| |
| Special Instructions or Terms: |
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| |
| Emergency Contact Information |
| Name: |
| |
| Phone Number: |
| |
| Relationship: |
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| |

Agreement

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| Parent/Guardian 1 Signature | | |
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| Parent/Guardian 2 Signature | | |
| Pareni/Guardian 2 Signature | | |
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| Date: | | |
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