

Overnight Stay Guardianship Consent Form

Child's Information

Full Name:

Date of Birth:

Parent/Guardian Information

Full Name:

Phone Number:

Address:

Overnight Stay Details

Name of Responsible Adult (Host):

Host's Address:

Host's Phone Number:

Date(s) of Overnight Stay:

Emergency Contact Information

Contact Name:

Relationship to Child:

Phone Number:

Medical Information

Relevant Medical Information (Allergies, Medications, etc.):

Consent Statement

Consent Statement:

Parent/Guardian Signature:

Date:

Host Signature:

Date: