

Overnight Checklist form to be given to Parent before Overnight Visit

Big's Name: _____

Big's Home Address: _____

Big's Home Phone: _____ Big's Cell Phone: _____

Date of Overnight Visit: _____ Location of Overnight: _____

Other people taking part in overnight: _____

Itinerary of overnight: _____

Time/Day of Return: _____

Overnight Checklist form to be given to Big before Overnight Visit

Parent/Guardians Name: _____

Address of Parent/Guardian: _____

Parent Home Phone: _____ Parent Cell Phone: _____

If person named above is not available in event of an emergency, notify:

Name _____ Relationship _____ Telephone _____

Child's Medications: _____

Child's Allergies: _____

Overnight Checklist form to be given to Child before Overnight Visit

Parent/Guardians Name: _____

Address of Parent/Guardian: _____

Parent Home Phone: _____ Parent Cell Phone: _____

If my parent doesn't answer I can call:

Name _____ Relationship _____ Telephone _____