



**Big Brothers Big Sisters**  
of the 7 Rivers Region  
www.7riversbbbs.org

La Crosse Office  
1707 Main St., La Crosse, WI 54601  
608-782-2227

Winona Office  
51 E. 4<sup>th</sup> St, Winona MN 55987  
507-452-2227

Trempealeau Office  
PO Box 221, Independence, WI 54747  
715-985-2555

## OVERNIGHT CONSENT FORM

As the parent/guardian of \_\_\_\_\_, I hereby grant permission for my child to  
(Child's Name)

have an overnight visit with his/her Big Brother Big Sister \_\_\_\_\_, on  
(Volunteer's Name)

\_\_\_\_\_ at \_\_\_\_\_  
(Date) (Location)

I have provided contact information to both my child and the volunteer to reach me in the event of an emergency during the scheduled overnight visit. I will also discuss any medications that my child may be taking as well as what the itinerary for the overnight visit will be.

\_\_\_\_\_  
 Parent/Guardian Signature Date