



PARENTAL RELEASE FORM
For Overnight Visitations

I understand that overnight visits are not permitted within the first six (6) months of a Community-Based match, and that another adult must be present in the home of the Big when such visits occur. Overnight visits require this signed parental release and notification of BBBS staff to establish that this visit is in the best interest of the match relationship. Prior to any overnight visit a basic review of “good touch/bad touch” and “personal space” will be done with the match. Overnight visits are not permitted in School-Based or Site-Based programs. Exceptions to this requirement are agency-sponsored and supervised activities.

Please sign below that you have this information:

I hereby consent for my child, _____, to participate in an overnight visitation with his/her Big Brother or Big Sister on _____.

I understand this visit will take place at _____.

Transportation will be provided by Big. (alternative, e.g. plane travel, bus, train should be noted here) _____.

Sleeping arrangements have been discussed.

Any medication concerns have been addressed and only the dosage necessary for the length of stay will be sent.

I have discussed other concerns such movie ratings, television, alcohol consumption, and other members of family or friends involved with visit plans e.g. context of visit . _____

I have emergency contacts and numbers. (Parent, Big) Noted Below:

Phone of Big (where overnight will occur) _____

Cell Phone Big _____

Little’s Parents home phone _____

Parent’s cell phone _____

Emergency Back-up _____

Release for emergency medical treatment Y N

I have read and understand that by signing this form, I hereby release Big Brothers Big Sisters of the Greater Seacoast, and the Big Brother/Big Sister, from any and all liability arising from the aforementioned activities.

Signature of Parent/Guardian/Date

Signature of Big Sister/Big Brother/Date