

Overnight Childcare Consent Form

An **Overnight childcare consent form** sample for grandparents ensures clear communication and legal consent for babysitting arrangements. This document helps outline important details such as emergency contacts, medical information, and authorized activities. Providing this form enhances trust and safety during overnight stays with grandparents.

Child Information

Full Name of Child:	_____
Date of Birth:	_____
Allergies/Medical Conditions:	_____

Parent or Legal Guardian Contact Information

Full Name:	_____
Phone Number:	_____
Alternate Contact Number:	_____

Grandparent(s) Information

Full Name(s):	_____
Address:	_____
Phone Number:	_____

Consent Details

Dates of Overnight Stay:

Activities Grandparents Are Authorized To Oversee:

- ☐ Medical treatment in case of emergency
- ☐ Transportation by car
- ☐ Administer medications
- ☐ Other: _____

Emergency Contact (Other than Parent/Guardian)

Name:	_____
Relationship to Child:	_____
Phone Number:	_____

Medical Insurance Information

Provider:	_____
Policy Number:	_____

Consent and Authorization

I, the undersigned parent/legal guardian, give consent for the above-named grandparents to care for my child overnight on the specified dates. I authorize them to make medical decisions in the event of an emergency, and to oversee the checked activities above. This authorization is valid only for the dates specified.

Parent/Guardian Signature:	<div></div>
Date:	<div></div>

This form is a sample template. Consult with a legal professional for requirements specific to your jurisdiction.