

**Parental Commitment to Emergency Transport**  
**for LOCAL CAMPOUTS**

**For all youth whose parent/guardian is not camping with the troop**

I understand that any time during my child's stay at a LOCAL TROOP CAMPOUT (no more than 2 hours' drive time), I may be called upon to transport my camper from camp for medical reasons.

I commit to being available for the duration of the campout by phone should I need to be contacted by the leadership team. I will also provide a secondary contact to be prepared for unforeseen circumstances and will update that information as necessary.

Furthermore, upon consultation with the leadership team, I agree to pick up my participant within a reasonable amount of time (drive time plus 4 hours from being contacted).

\_\_\_\_\_  
Participant Name

\_\_\_\_\_

\_\_\_\_\_  
PRINT Primary Contact Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
PRINT Secondary Contact Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date