

## **Parental Commitment to Transport**

### **To be completed and submitted to unit/post leadership upon arrival**

I understand that any time during my child's stay at a Unit/Post Meeting/Activity, I may be called on to transport my participant (youth or adult) from the meeting/activity for medical reasons. I commit to being available for the duration of the session by phone should I need to be contacted by the unit leadership team. Furthermore, upon consultation with the unit leadership team I agree to pick up my participant within 1 hour of being contacted. I will also provide a second level contact to be prepared for unforeseen circumstances.

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

\_\_\_\_\_  
Unit/Post Type & Number

\_\_\_\_\_  
Signature of parent/guardian  
OR adult, if over 18

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Phone

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

\_\_\_\_\_  
Phon