

## Transportation Agreement

Student Name: \_\_\_\_\_

Camp Name: Baptist Health M\*A\*S\*H – Hot Spring County

Camp Dates: June 10-21, 2024

I, \_\_\_\_\_, give my child permission to travel with the Baptist Health M\*A\*S\*H Program. I understand my child will be traveling daily to locations within the Malvern medical community.

In addition to travel within Malvern, students will travel to Little Rock and Arkadelphia.

Transportation/van/driver will be provided by Baptist Health of Hot Spring County.

Camp director and assistant(s) will be present during all travel.

I understand that traveling by bus/group will restrict my child from arriving/departing at times other than the start/finish time for each day. Parents may pick up their child from any activity location in the event of an emergency.

Students will be given an agenda for the week, which will be distributed soon.

Additionally, parents may contact (call or text) the Camp Director, Patrick Jackson, at 501-580-9910 at any time.

I have read and understand the above and willingly permit my child to travel on the Baptist Health van as part of the Baptist Health M\*A\*S\*H – Hot Spring County program.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

State relationship to child: \_\_\_\_\_