

Iowa-Missouri Conference

Camp Meeting – Youth Permission Slip for Off-Premises Activities

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

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

PERMISSION TO PARTICIPATE IN OFF-PREMISE YOUTH ACTIVITIES I hereby give my permission for my child to participate in the pre-planned activity of:

\_\_\_\_\_

For the dates of: June 4-8, 2019

I give my child permission to ride with the drivers of the youth activities for camp meeting.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Please list any medical condition the Youth Pastor should be aware of:

\_\_\_\_\_