

**Iowa-Missouri Conference**  
**Camp Meeting – Youth Permission Slip for Off-Premises Activities**

**Please print legibly, except for signature below.**

Youth 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, 2024

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 Team should be aware of (including medicinal or food allergies):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_