

### Iowa-Missouri Conference Camp Meeting Youth Permission Slip

Child's 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 activities of the Camp Meeting Youth Department from June 3–6, 2025, and to ride with the drivers of the youth activities. I also grant permission for my child to be photographed and/or video recorded during these activities, and for such images or recordings to be used by the Camp Meeting Youth Department for promotional, informational, or educational purposes in print, online, or other media, without compensation or further notice.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

Emergency Contact Name and Number: \_\_\_\_\_

Please list any medical conditions or allergies the Youth Team should be aware of (including medicinal or food allergies): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_