Seventh-day Adventist® Church
IOWA-MISSOURI CONFERENCE

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 2–6, 2026, 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): _____

_____

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