



**DESTINATION
PHILLY**

BLACKNALL SUMMER MISSION TRIP
 grow spiritually
 challenge yourself
 build friendships
 join Christ and His work including:
 soup kitchens women's shelters
 kid's camps urban renewal
 and more...

\$400

learn more by visiting csm.org/philadelphia.php

JULY 1-7 2012

BLACKNALL 2012 HS MISSION TRIP REGISTRATION & CONSENT

Student's Name: _____ Age _____

Address: _____

City, State, Zip: _____ Home Phone: _____

Medical & Emergency Contact Information

If applicable, I am listing any medical problems or allergies: _____

Insurance Company _____ Policy Number _____

In an Emergency, contact this person first: _____

Day Number: _____ Night Number: _____

Alternate Contact Person: _____

Phone Number: _____

Consent Statement

I hereby give my permission for my child to participate in this activity organized by the Youth Ministry of Blacknall Memorial Presbyterian Church. I understand that in the event my child requires medical treatment while engaged in the activity, reasonable efforts will be made to contact my designated emergency contacts; however, if they cannot be reached, I hereby consent and give my permission to the Blacknall staff or any adult counselor acting on behalf of Blacknall with respect to the activity, to consent to any health care, including medical, dental or surgical diagnosis; X-ray examination; administration of anesthesia; performance of operations and other procedures; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all my child's medical allergies, medications being taken, medical problems and other pertinent information.

Signature of Parent/Legal Guardian

Date