

St. Therese Church- Succasunna, NJ  
Permission Form for Teen Mission Trip to Paintsville, Kentucky

*To be completed by **PARENT or Guardian***

We will be leaving St. Therese on Sunday July 14th and returning on Saturday July 20st, 2019. There is a fee of \$250 to be made payable to "St. Therese Church". Full payment is due at the first teen meeting on April 27st. In addition, all participating teens will be required to help with our fundraisers. The monies will be used to help pay for lodging, food, van rentals, fuel, building materials, etc. If cost is an issue, please do not let that deter your teen from applying. Contact Deacon Bruce at bolsen@optonline.net for more information.

Please complete the information below, as well as the **Release of Liability** form and the **Medical Information** form. This information will not be released to the group at large. You will be notified regarding acceptance via email. Return the completed forms and a copy of your **HEALTH INSURANCE** and one **PARENT'S PHOTO ID** to:

Attention: Deacon Bruce Olsen/Dunlow Mission  
St. Therese Rectory Office,  
7 Hunter Street  
Succasunna, NJ 07876

Teen's Name: \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Parent's email \_\_\_\_\_

Parent's Phone Numbers:

Contact #1 Name: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Contact #2 Name \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Alternate Contact: Name \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Does your teen have any known allergies? \_\_\_\_\_ Does s/he require an Epi pen? \_\_\_\_\_

Please list any medications your teen is taking \_\_\_\_\_

Please list any allergies or medical conditions we should be aware of. \_\_\_\_\_

Is there anything else you would like us to know about your teen? \_\_\_\_\_

**Photo release:** I give my permission for my son/daughter's photo to be taken during the Appalachia Mission Trip. I understand that these photos may be used in a video, article or parish website. I may withdraw my consent at any time by submitting such request in writing to the Youth Minister.  
\_\_\_\_\_ (Permission **DENIED** if initialed)

Parents- please indicate if you would consider helping out as a chaperone on the trip: Yes / No

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian signature (or participant signature if 18 years or over)

**\* PLEASE remember to include a copy of your health insurance card AND one parent's photo id.\***