

Sacred Heart Catholic Church Youth Ministry

Parent/Student Communication Consent

I, _____ (name), the parent or legal guardian of

_____ (your teen's name) give Sacred Heart Youth Ministry permission to contact my child through text messages, e-mails, social media and phone calls.

_____ I would like to receive the same communication as my child.

Teen Contact Information:

Name: _____

Cell Phone Number: _____

E-mail Address: _____

Instagram Handle: _____

Twitter Handle: _____

Parent Contact Information:

Names of Mom and Dad _____

Cell Phone Numbers: _____

E-mail Addresses: _____

Do you use Facebook? Mom _____ Dad _____

Parent Signature _____ Date: _____

Teen Signature _____ Date: _____