

# 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 \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone Numbers: \_\_\_\_\_

E-mail Addresses: \_\_\_\_\_

\_\_\_\_\_

Do you use Facebook? Mom \_\_\_\_\_ Dad \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Teen Signature \_\_\_\_\_ Date: \_\_\_\_\_