

Sacred Heart Catholic Church

Youth Ministry
7190 Highway 17 South
Fleming Island, FL. 32003
(904)284-3811

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, emails, 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:

Name of Mom / Dad _____
Address: _____
Cell Phone Numbers: _____
E-mail Addresses: _____

Do you use Facebook? Mom: YES / NO Dad: YES / NO

Parent Signature _____ Date: _____
Teen Signature _____ Date: _____