ARCHDIOCESE of NEWARK

DIGITAL COMMUNICATION CONSENT FORM

I _____ give permission for my
Print Name of Parent

child(ren) _____
Print Name of Child(ren)

to participate in the parish catechetical program through any and all digital networking and communication including, but not limited to, email, texting, Zoom, Facebook, other social networking site or digital educational platforms, etc.

I understand that the use of digital media will be ministry related and NOT personal in nature. All communication will be restricted to matters concerning classes, youth ministry events, and parish events. Virtual sessions may be recorded for parish use.

The person(s) being authorized to communicate with the minor child is in compliance with the Archdiocesan Child Protection policies and protocols. This form will be filed in a confidential folder for parish use only.

_____ _____

[Date] [Signature of Parent or Legal Guardian]

_____

[Typed or Printed Name of Parent or Legal Guardian]