

**Shepherd of Souls Area Faith Community**  
**DISCLOSURE, AUTHORIZATION AND CONSENT FOR SOCIAL MEDIA OR OTHER ELECTRONIC**  
**COMMUNICATION INVOLVING MINORS**

I am the parent or legal guardian of \_\_\_\_\_ (full name of minor) (“My Child”).

In order to ensure transparency and parental involvement, Shepherd of Souls has created this consent form so that parents and guardians may provide authorization for Shepherd of Souls leaders to electronically communicate with minors. Such communications must comply with applicable Shepherd of Souls policies, including restrictions on private communications with minors.

I grant permission for staff or other leaders of Shepherd of Souls to communicate with My Child electronically. I understand that such communications are for Shepherd of Souls purposes only and may involve group communications relating to Shepherd of Souls activities. Further, I understand and authorize that such electronic communications may be made via text, email, telephone and cell phone, social media, digital networking, and other electronic means.

I acknowledge that to review or receive public communications shared via social media with My Child, I will need to have an account with the same social media platforms or become a fan or follower of the same social media. I also understand that communications may be accessible or viewable by others who are also fans or followers of the same social media.

This Disclosure, Authorizations, and Consent form is valid for one year.

If I choose to rescind this authorization and consent, I agree that I will inform Shepherd of Souls in writing and that this rescission will not take effect until it is received by Shepherd of Souls.

**I have read the above Disclosure, Authorizations, and Consent, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with knowledge of its significance.**

Parent/Guardian Name (please print): \_\_\_\_\_

Email address: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Child Email address: \_\_\_\_\_

Child Cell number: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_