



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, St. Pascal Baylon Catholic Church has created this consent form so that parents and guardians may provide authorization for St. Pascal Baylon Catholic Church leaders to electronically communicate with minors. Such communications must comply with applicable St. Pascal Baylon Catholic Church and Archdiocese of St. Paul and Minneapolis policies, including restrictions on private communications with minors.

I grant permission for staff or other leaders of St. Pascal Baylon Catholic Church to communicate with My Child electronically. I understand that such communications are for St. Pascal Baylon Catholic Church purposes only and may involve group communications relating to St. Pascal Baylon Catholic Church 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 St. Pascal Baylon Catholic Church in writing and that this rescission will not take effect until it is received by St. Pascal Baylon Catholic Church.

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: _____