

Permission for Direct Communications With Minors

Name of parent or guardian _____

Name of minor child _____

Minister Information:

Gives permission for **Rachel Shumar, Youth Minister of St. Michael the Archangel Parish** to communicate

FROM Phone number(s): (330)492-3119 or (330)936-7325
Email address: rachel@stmichaelcanton.org
Social networking site: Instagram, Facebook

Under the name(s) of:
Social networking site: @stmichaelcantonm

Any and all digital networking and communication including, but not limited to, email, texting, Facebook, Twitter, other social networking sites, etc., with parish youth/school/organization will be ministry related, and NOT personal in nature, restricted to matters concerning classes, youth ministry events, parish events, school events, athletic/event schedules, or registration forms. The person(s) being authorized to communicate with the minor child is in compliance with the Diocesan Child Protection Policy with this parish/school/organization. Please note that virtual meetings may be recorded for parish use. This form will be filed in a confidential folder for parish/school/organizational use only.

Parent/Guardian Information:

TO me via:

(Parent/guardian: please check only those which you approve. Can be in addition to, or instead of contact directly with your child.)

- Home phone: _____
- Cell phone: Mother/Guardian: _____ Text messages? YES or NO
Father/Guardian: _____ Text messages? YES or NO
- Social networking site; User Name: _____

Minor Information: Furthermore, *(Parent/guardian: please check only those which you approve.)*

- Same person(s) above **MAY** contact my child via:
- Home Phone: _____
- Cell Phone: _____ Text messages? YES or NO
- Email: _____
- Social networking site; User Name: _____

You **MAY NOT** contact my child directly.

Parent/Guardian Signature: _____ **Date:** _____

Permission to Publish Consent Form

PHOTO/VISUAL CONSENT

Name of Parent or Guardian _____

Name of minor child _____

Gives permission for Rachel Shumar of St. Michael the Archangel parish.

I give permission for my son/daughter to be photographed or videoed at St. Michael the Archangel Parish. I realize that the photo or video may be published in the newspaper, magazine, parish website, or other publication deemed appropriate by the Parish for informational or educational purposes regarding the Parish's programs or curriculum.

OR

I have read the Photo/Visual Consent and do NOT give permission for my child to the above request.

PERMISSION TO PUBLISH ON THE INTERNET

I give St. Michael the Archangel Parish the right to use the following participant material for my son or daughter for inclusion on the internet ONLY on the Parish Website or other media platforms under the Parish name. I affirm that I have the legal right to issue such consent.

Check ALL that apply. (A blank space indicates the intent of the parent or guardian to NOT allow that information on the Parish Website or other media platforms under the Parish name.)

First name only

Photo of Participant project

Group photograph

Individual participant photo

SIGNATURE _____ Date _____