

## Parent/Guardian Statement of Intent for the use of Social Communications-2018

CERTIFICATION, ACKNOWLEDGEMENT & AUTHORIZATION FOR CONSENT & RELEASE FORM FOR SOCIAL MEDIA OR OTHER ELECTRONIC COMMUNICATIONS INVOLVING MINORS & INDIVIDUALS AT RISK FOR CHILDREN IN GRADES 8-12

I am the parent or legal guardian of \_\_\_\_\_

I am the parent or legal guardian of \_\_\_\_\_

I am the parent or legal guardian of \_\_\_\_\_

I have been made aware of the Safe Environment Social Communications Policy for the Diocese of Green Bay and any related local practices and guidelines concerning social communication..

### Permission for ministry representatives to digitally communicate with your minor/individual at risk.

<input type="checkbox"/> <b>Yes</b> , I authorize....	communication with my minor/individual at risk electronically, including via social media or other digital means, in accordance with the Safe Environment Social Communications Policy for the Diocese of Green Bay by staff ministry representatives of Holy Trinity Parish or diocesan-affiliated ministry representatives of the Diocese of Green Bay.
<input type="checkbox"/> <b>No</b> , I do not authorize....	

If I choose to rescind my consent to the authorization, I agree that I will inform Holy Trinity Parish in writing and that my rescission will not take effect until it is received by Holy Trinity Parish. I understand however that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

I have read this certification, acknowledgment, and statement of intent and if indicated, release, and have had the opportunity to consider its terms, and understand it. I execute it voluntarily and with knowledge of its significance.

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

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

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

Phone number(s): \_\_\_\_\_

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