

AUTHORIZATION TO ALLOW ELECTRONIC COMMUNICATION

I hereby grant permission to Travis Kahle and other personnel on behalf of St. Mary's Parish/School to communicate electronically with my child, \_\_\_\_\_ (print name), with regard to my child's activities and interactions with The God Squad (specific event or group). Such communications shall be limited to the email address and telephone text number for my child indicated below. Unless otherwise agreed in writing by me, all such communications must simultaneously be copied to me on the corresponding email address and telephone text number also indicated below. This Authorization may be revoked at any time by me through written notice to the Parish/School.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Date \_\_\_\_\_

Child's email address: \_\_\_\_\_

Child's telephone text number: \_\_\_\_\_

Parent's email address: \_\_\_\_\_

Parent's telephone text number: \_\_\_\_\_