



PARENT/GUARDIAN OPT/OUT OF DIGITAL COMMUNICATION FORM

This form should only be completed to opt out of your minor child/youth participating in or receiving any electronic or digital communication.

I, (Parent/Legal Guardian Name): _____ ,
understand that
Name of Parish/School: _____

Uses Method of Electronic or Digital Communication _____
to communicate regarding parish, extracurricular or ministry communications directly to my child/youth and myself. I understand that I would have access and will be provided the same communications as my minor child/youth.

Electronic and Digital Communication Opt-Out:

All communication regarding parish, extracurricular activities or ministry communications should be directed ONLY to the below provided email address to myself as the parent/guardian of the below mentioned child/youth. I do not wish to have my child/youth receive or participate in any electronic or digital communication from the parish/school staff or volunteers. I understand that it will be my responsibility to pass on any information and communications received by myself to my child.

NAME OF PARENT/ LEGAL GUARDIAN:

DATE SIGNED:

NAME OF CHILD/YOUTH:

HOME PHONE:

CELL PHONE:

ADDRESS:

CITY:

STATE:

ZIP:

EMAIL OF PARENT/GUARDIAN:

SIGNATURE OF PARENT/ LEGAL GUARDIAN:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

NOTES: