Diocese of Steubenville
Safe Environment Program
Parental or Guardian Permission for Direct Contact with Minors

Dear Parent/Guardian,

This form allows you to give consent to the below named *parish, Catholic school, or diocesan approved ministry/organization;* to directly communicate with your minor children, and by what means. Parents and guardians will be copied into all written or text-based electronic communications except those that occur on an official social networking site or online community administered and maintained by the parish, Catholic school, or diocesan sponsored ministry, pursuant to the terms of diocesan policy and approved by parents or guardians on this form.

Consent includes, but may not be limited to catechetical leaders, parish youth ministry leaders, Catholic school teachers, coaches, activity advisors, and approved chaperone, affiliated with the below named parish, Catholic school, or diocesan sponsored ministry. This consent shall be effective as of the date of the Parent/Guardian signature, and shall automatically expire on July 1st of each calendar year. Parents/Guardians have the right, upon written request, to revoke this consent at any time.

➢ **Diocesan Parish, Catholic School, or approved Ministry/Organization Information** (This section must be completed by diocesan ministry, organization, parish or school.)

- Name of Parish/School/Organization: _____
- Name of Primary Contact person: _____
- Organization phone number: _____
- Parish/School social networking/communication app(s): _____

➢ **Parent or Guardian Information**
(Please check appropriate box)

☐ **You MAY NOT contact my children directly. (Sign and return).**

☐ **You MAY contact my children directly through one of the methods listed in the following section. (Sign, complete all sections and return).**

- Name (parent/guardian):_____
- Name of minor child:_____

Contact with my child is permissible via the following methods: (Please check all appropriate boxes)

☐ Phone call / voice message to this telephone number (emergency only): _____

☐ Short Message Service / text message to this telephone number: _____

Parent telephone to which text message should be copied: _____

☐ E-mail at this address: _____

Parent e-mail at which message should be copied: _____

☐ Social networking applications (i.e. GroupMe) to this phone number or email: _____

Parent phone or email to which message should be copied: _____

☐ Direct written correspondence (i.e., via U.S. Postal Service)

Parent Signature _____ Date _____