

Permission for Direct Communications With Minors

Name of parent or guardian _____
Name of minor child _____

Gives permission for **DANIEL LAPOLLA** of **BLESSED SACRAMENT & ST. ELIZABETH ANN SETON** parishes to communicate

FROM Phone number(s) 330-503-4695; 330-372-2215 x102
Email address(es) danny.lapolla@gmail.com; dlapolla@warrencatholic.org
Social networking site(s) Under the name(s) of
1. Facebook Daniel LaPolla (username-DanielLaPolla45)
2. Flocknote Daniel LaPolla Y.M (Blessed Sacrament Parish)
3. myParish Daniel LaPolla (Youth Minister)

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 1 (see above) User Name _____
- ☐ Social networking site 2 (see above) User Name _____
- ☐ Virtual meeting platforms (see above) 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 1 (see above) User Name _____
- ☐ Social networking site 2 (see above) User Name _____
- ☐ Virtual meeting platforms (see above) User Name _____

Note: Virtual meetings may be recorded for parish use.

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

Parent/Guardian Signature: _____ Date: _____