

Digital Communication Permission Form

For Youth Participants

Youth Participant Name

Date of Birth

Parent/Guardian Name

Parent/Guardian Email or Phone

Types of Digital Communication (select all that apply)

☐

Email

☐

Text Message

☐

Phone Call

☐

Video Call

☐

Other

Contact Information to be Used (email, phone, etc.)

Purpose of Digital Communication

Restrictions or Special Instructions

☐

I give permission for my child to participate in digital communications as outlined above.

Parent/Guardian Signature

Date