

# Trinity Episcopal Church

## Youth Email and Phone Number Permission Form

I give permission for \_\_\_\_\_  
Teacher/Leader/Staff Name(s)

to contact \_\_\_\_\_ using the email address and/or  
Youth Name

phone number on this form for a period of \_\_\_\_\_,  
length of time/specific event

in accordance with the guidelines of the Trinity Policy for the Protection of

Children and Youth.

\_\_\_\_\_  
Youth Email Address

\_\_\_\_\_  
Youth Phone Number

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date