

Trinity Episcopal Church

Youth Contact Permission Form

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

to contact _____ using the email address and/or
Youth's Name

phone number on this form for a period of _____,
20XX-20XX/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