



**AUTHORIZATION, CONSENT AND RELEASE FOR
ELECTRONIC COMMUNICATION INVOLVING MINORS FORM**

I, _____, am the parent or legal guardian of
_____. I give permission for my child to participate in
the virtual learning program at St. Gabriel's, Saddle River, NJ.

I understand that I will have access to everything provided to my child and be made aware of how digital media is being used, be told how to access the sites, and be given the opportunity to be copied on all material sent to my child via digital platforms.

I authorize and consent to staff and/or volunteers of the Parish to communicate with my Child electronically, including via the above-referenced video conferencing tools in accordance with the program(s).

I have read this Consent and Release Form, I fully understand it, and I voluntarily agree to be bound by its terms. I represent and certify that I am the parent or legal guardian of the minor.

Parent/Legal Guardian Name (REQUIRED):

Parent/Legal Guardian Signature (REQUIRED):

Email (REQUIRED): _____

Address (REQUIRED): _____

City (REQUIRED): _____, State _____

Date: _____