



Archdiocese
of Toronto

Videoconferencing **Parental Consent Form**

(This form must be signed by parent/guardian if participant is under 18 years of age)

Name(s) of Children (PRINT):

Name of Parent/Guardian (PRINT):

I, the undersigned, do hereby consent for my child listed above, to participate in a videoconferencing event facilitated by _____ (*Parish Name*), a church of the Roman Catholic Episcopal Corporation for the Diocese of Toronto, in Canada (Archdiocese of Toronto). This consent is related **only** to my child's participation in _____ (*Name of Program or Event*).

I understand that my child will not be required to register to a videoconferencing platform in order to participate. I also understand that I will be informed if the session will be recorded and that all recordings of their participation will be stored and secured according to the Archdiocese of Toronto's Privacy Policy. If I have inquiries and/or complaints related to the privacy of my child, I can get further information from the Archdiocese of Toronto's Privacy Officer through the following website: <https://www.archtoronto.org/privacy>.

PARTICIPANT/GUARDIAN SIGNATURE

DATE