Executive Director

**Authorization Form for Electronic Messaging and Video Conferencing**

I authorize Cape Atlantic I.N.K. to use the following methods to communicate with me: **(Please check and complete for all that apply.)**

[ ]  Email: Click or tap here to enter text.

[ ]  Text (Data Rates May Apply): Click or tap here to enter text.

[ ]  Voicemail Messages: Click or tap here to enter text.

[ ]  Video Conferencing (Without Recording)

I authorize Cape Atlantic I.N.K. to use the above Electronic Messaging/Video with:

[ ]  Youth/Parent/Guardian only

[ ]  Youth/Parent/Guardian and Child Family Team (CFT) Members

I understand that electronic messaging does not substitute for verbal and direct communication.

I understand that electronic messaging may not be completely private.

I understand text messaging can be a risk if a phone is lost, stolen, or compromised.

I understand the above risks also pertain to all CFT members that I authorized above.

I understand that I can revoke this authorization at any time.

**AUTHORIZATION**

[ ]  I do authorize Cape Atlantic I.N.K. to use the above Electronic Messaging or Video Conferencing to communicate with me.

[ ]  I do **NOT** authorize Cape Atlantic I.N.K. to use the above Electronic Messaging or Video Conferencing to communicate with me.

**Click or tap here to enter text.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Enter Date**

(Parent/Guardian Name) (Signature Parent/Guardian Name) Date

**Click or tap here to enter text.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Enter Date**

(Youth 14 years old and over) (Signature Youth 14 years old and over) Date

**Youth Id# Click or tap here to enter text.**