PARENTAL CONSENT FORM

Parish __________________________ City __________________________

In your child’s class, __________________________

Date __________________________

the movie __________________________

will be shown.

It is rated:
□ Rated PG: Parental guidance suggested – Some material may not be suitable for children.
□ Rated PG-13: Parents strongly cautioned – Some material may be inappropriate for children under 13.
□ Rated R: Restricted – Under 17 requires accompanying parent or adult guardian.
□ Rated NC-17: No one 17 and under admitted

The purpose of this viewing is __________________________

__________________________________________________________

__________________________________________________________

□ I would like my child to be excused from class the day that they will be viewing this movie.

For further information, please contact __________________________

Contact phone number __________________________

We encourage you talk to your child/youth about what they saw and how it relates to their Catholic faith.

__________________________________________________________

Parent / Guardian Signature

__________________________________________

Date

Revised October 2019