

VIRTUS “Teaching Touching Safety” Children’s Program
Archdiocese of Los Angeles
“Opt – Out” Form

Note: This form is to be use for parents/guardians who contact the program coordinator to request that their child not be included in the Teaching Touching Safety Children’s Program.

Date: _____

My Child’s Full Name: _____

School/Religious Education Program: _____

City: _____

Grade/Class: _____

Please verify by initialing the following statements:

_____ The Safe Environment Program was offered to my child.

_____ It is my choice that my child not participate in the program.

_____ I have received the materials from the parish, school or program for me to use to instruct my child on this topic.

Name of Parent or Guardian _____

(Please print clearly)

Signature _____

Date _____

Please return signed form to:

(Name) _____ *(Title)* _____

(Parish/School) _____

(Address) _____ *(City/Zip)* _____

(Phone No.) _____

Please retain this form on file at your parish or school.