



Diocese of Savannah

TO: Parents

FROM: _____

SUBJECT: *Teaching Touching Safety* Program, Child Opt-Out Form

DATE: _____

The VIRTUS *Teaching Touching Safety* program has been selected as a safe environment training program for children enrolled in Catholic schools / parish religious education classes in the Diocese of Savannah. This program will be offered yearly to all students enrolled in these classes. The *Teaching Touching Safety* program is broken down into four (4) parts by grade (K-2; 3-5; 6-8; 9-12), and consists of two yearly sessions of ½ - 1 hour in length.

As a parent, you have the right to choose whether your student participates. We encourage you to read the attached “overview” and “lesson plan” so you will be aware of the nature of the *Teaching Touching Safety* program. If you determine that you DO NOT want your child to participate, please complete the “opt-out” form at the bottom of the page, and return it to your child’s teacher no later than _____.

If you have questions about the program or its contents, please contact

_____.

For more information on the *Teaching Touching Safety* program, visit the VIRTUS *Online* website at www.virtus.org.

Opt-out form for use with the *Teaching Touching Safety* program:

_____ DOES NOT have my permission to present the *Teaching Touching Safety* program to my child whose name is _____.
I have received a copy of the child’s safe environment training booklet.

Parent’s name (printed): _____

Parent’s Signature: _____

Date: _____

Parent/guardian failure to return this signed Opt-out form constitutes permission for program participation.