

TO: Parents

FROM: \_\_\_\_\_

PARISH or SCHOOL: \_\_\_\_\_

SUBJECT: Opportunity to “opt your child out” of the *Teaching Safety – Empowering God’s Children* program

DATE: \_\_\_\_\_

\_\_\_\_\_ will present a sexual abuse prevention program, the *Teaching Safety – Empowering God’s Children* program, to our students on \_\_\_\_\_. The creators of the *Protecting God’s Children*® program developed the *Teaching Safety – Empowering God’s Children* program. This program is provided to us by the Diocese of Rockford and is a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse.

The scheduled lesson is being offered to all students at \_\_\_\_\_. As a parent, you have the right to choose whether your student participates. We encourage you to read the program Overview so you’ll be aware of the nature of the *Teaching Safety – Empowering God’s Children* program. If you have questions about the program or the lesson, please contact \_\_\_\_\_ at \_\_\_\_\_. If you determine that you DO NOT want your child to participate, please complete the “Opt-Out” form at the bottom of this page, and return it to your child’s teacher no later than \_\_\_\_\_.

For more information on the *Teaching Safety – Empowering God’s Children* program, visit the VIRTUS Online™ website at [www.virtus.org](http://www.virtus.org).

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**Opt-Out form for use with the *Teaching Safety – Empowering God’s Children* program:**

\_\_\_\_\_ does not have my permission to present the *Teaching Safety – Empowering God’s Children* program, to my child whose name is \_\_\_\_\_.

I request training materials to be sent home

I do not request training materials to be sent home

Parent’s name (printed): \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_