**TO: Parents and Guardians**

**FROM: Safe Environment Coordinator at the Church of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

**in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, MN**

**RE: Opt-Out form with attached Overview and**

**Teaching Touching Safety Quick Reference Guide**

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**DATE: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_, 2017**

The Church of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will present the *Touching Safety* program to students this fall. The creators of the *Protecting God’s Children* for Adults program developed the *Touching Safety* program. This sexual abuse prevention program is provided by the Diocese 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. It is not sex education.

The scheduled lessons are being offered to all students in our parish/school. I encourage you to read the attached “Overview” and “Teaching Touching Safety Quick Reference Guide” so you’ll be aware of the nature of the *Touching Safety* program. If you have questions about the program or the lesson, please contact me directly. If you determine that you do not want your child to participate, please complete the “Opt-Out” information at the bottom of this page, and return the entire page to your child’s teacher/catechist before the training.

For more information on the *Touching Safety* program, visit the VIRTUS *Online*™ Web site at [www.virtus.org](http://www.virtus.org).

**(Return this form ONLY if you do NOT want your child to participate in the program.)**

**The Diocese of New Ulm does not have my permission** to present the *Touching Safety*

program to my child(ren) as listed below:

Name Grade

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who attend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_, MN. I acknowledge that I have been provided with the *Overview* and *Teaching Touching Safety Quick Reference Guide*, and I take responsibility to instruct my child on the concepts contained in these documents. I will use the age appropriate *Lessons 7 and 8* to train my child on personal safety/safe environment provided to me by the parish upon receipt of this signed opt out form.

Parent/Guardian Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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