TO: Parents
FROM: [NAME of school or program]
SUBJECT: Opportunity to “opt your child out” of the Touching Safety program
DATE: [DATE 1]

[NAME of school or program] will present a sexual abuse prevention program, the Touching Safety program, to our students on [DATE 2]. The creators of the Protecting God’s Children™ program developed the Touching Safety program. This program is provided to us by the Archdiocese of Seattle, 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 [NAME of school or program]. 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’ll be aware of the nature of the Touching Safety program. If you have questions about the program or the lesson, please contact [CONTACT NAME] at [CONTACT NUMBER]. 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 [DATE 3].

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

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

[NAME of school or program] does not have my permission to present the Touching Safety program, to my child whose name is ____________________________________________________________________________.

Parent’s name (printed): __________________________________________________________________________________

Parent’s Signature: ______________________________________________________________________________________

Date: __________________________________________________________________________________________________