

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 [NAME of archdiocese or 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.

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: _____