

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.

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 _____.

Parent’s name (printed): _____

Parent’s Signature: _____

Date: _____