

VIRTUS "Teaching Touching Safety" Children's Program
Archdiocese of Los Angeles
"Opt-Out" Form

Date: _____

My Child's Full Name:

Education

Program:

City: _____

Grade/Class: _____

Please verify by initialing the following statements:

____ The Safe Environment Program was offered to my child.

____ It is my choice that my child not participate in the program.

____ I have received materials from the parish, school or program
for
me to use to instruct my child on this topic.

Name

of

Parent

or

Guardian

(Please print clearly)

Signature _____ Date _____

Please return signed form to:

(Name) _____

(Title) _____

(Parish/School) _____

(Address) _____

(City/Zip) _____

(Phone No.) _____

Please retain this form on file at your parish or school.