



Diocese of Springfield-Cape Girardeau
Safe Environment Training for Children and Youth

Opt Out Form

My child, _____, Grade/Class _____,
will not be participating in the *Virtus: Teaching Touching Safety Program®*
at _____.
Name of parish

This form is valid for one academic year.

This serves to verify that: (please initial below)

____ I have met and discussed my concerns with my pastor.

____ The safe environment lesson was offered to my child.

____ I have reviewed the lesson and materials, and it is my
choice that my child not participate in the program.

Please print clearly

Name of parent or guardian: _____

Signature: _____ Date _____

Signature of Pastor: _____

Printed name of Pastor: _____

Original must remain in parish or school permanent files and a copy be sent to the diocese.