



ROMAN CATHOLIC

DIocese of SPRINGFIELD-CAPE GIRARDEAU

Office of Child and Youth Protection

Safe Environment Training for Children and Youth Verification Form

This is to verify that I have personally presented the designated Safe Environment Training, the *VIRTUS: Teaching Safety – Empowering God’s Children®* for my child

(name): _____ and (grade): _____

on (date): _____ in coordination with my Parish School of

Religion, (name of school or parish): _____.

This form is valid for one academic year.

This serves to verify that:

(please initial below)

___ I have presented the designated Safe Environment lesson to my child.

Please print clearly

Name of Parent or Guardian: _____

Signature: _____ Date: _____

Printed Name of DRE/CRE: _____

Signature of DRE/CRE: _____ Date: _____