



ROMAN CATHOLIC

DIOCESE of SPRINGFIELD-CAPE GIRARDEAU

Office of Child and Youth Protection

**Safe Environment Training for Children and Youth
Opt Out Form**

My child, _____ Grade/Class _____
will not be participating in the designated Safe Environment Training, the *VIRTUS: Teaching Touching Safety – Empowering God's Children Program®* at
name of school or 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: _____

Printed Name of Pastor: _____

Signature of Pastor: _____ Date: _____