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: ____________