Protecting God’s Children®
Teaching Safety™
Education for Children in Safety from Sexual Abuse

Parent Opt-Out Form

Parish: ________________________________

City: ________________________________

I choose NOT to have my child participate in the mandatory lesson about preventing sexual abuse called Teaching Safety. I understand that I am invited to attend with my child but choose not to at this time.

____________________________________
Parent/Guardian Name (please print)

____________________________________  _________________
Parent/Guardian Signature             Date

Name of Child (please print)          Child’s Grade
1. ___________________________________   _________
2. ___________________________________   _________
3. ___________________________________   _________
4. ___________________________________   _________
5. ___________________________________   _________

Date Lesson Plan Given to Parent: ____________________________

Please return completed form to Parish Religious Education Office.