

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.