

*Diocese of Alexandria*

**VIRTUS Protecting God’s Children®**  
***Touching Safety Program***

MEMO TO: Parents/Guardians  
FROM: [PASTOR’S NAME]  
SUBJECT: “Opt Out” Information & Form for 2017-18  
DATE: [DATE]

[CHURCH PARISH/MISSION] will present a sexual abuse prevention and awareness program, *Touching Safety*, to our students on [DATE]. The creators of the VIRTUS Protecting God’s Children™ program developed the *Touching Safety* lesson plans. This program is provided to us by the Diocese of Alexandria, and is a part of our ongoing efforts to help create and maintain a safe environment for children and to protect all children from sexual abuse. This program is *not* “sex education.”

The scheduled lesson[S] is being offered to all students at [CHURCH]. As a parent, you have the right to choose whether your child participates. We invite you to read the “Overview” and the “Teaching *Touching Safety* Guide” (available at the Church Office), so you can be more aware of the nature of the *Touching Safety* program. If you have questions or need more information, please contact Pam Delrie, Coordinator of Safe Environment at 318-445-6424 x 213.

Please complete the form below and return it to [PERSON TO RECEIVE FORMS AT THE CHURCH] no later than [DATE]. If the form is *not* returned, it will be accepted that your child has your permission to be present for the teaching of the lessons.

✍ \_\_\_\_\_

Please return this form to [PERSON TO RECEIVE FORMS AT THE CHURCH] no later than [DATE], *only if* you choose to “opt out” your child. Thank you.

My child, \_\_\_\_\_, is “opted out” from the 2017-18 *Touching Safety* lessons.

\_\_\_\_\_  
Parent/Guardian’s Signature

\_\_\_\_\_  
Date