

TO: Parents
FROM:
SUBJECT: Prevention Education Notice / Opt-Out Form
Date:

_____ will present a sexual abuse prevention program, *Teaching Touching Safety*, to our students on _____, with a make-up date of _____. This program is provided to us by the Diocese of Charleston and is a part of our ongoing effort to help create and maintain safe environments for all children and youth in our care.

The scheduled lesson is being offered to all students at _____. As parents, you have the right to choose whether your student participates in the program. We encourage you to read the "overview" and "lesson plan" assigned to your child's age group to understand exactly what your child will be taught.

It is important to note, this is basic prevention education and is in no way to be considered sex education or education on private body parts. Neither of these components fall within our educational mandate to provide your child with the information needed to keep them safe from those who would do them harm.

If you wish to "opt" your child out of the prevention education session, please complete the "opt-out" form at the bottom of this page and return it to your child's teacher no later than _____.

Opt-out form for use with the Teaching Touching Safety Program:

_____ does not have my permission to present the Teaching Touching Safety program, to my child/children:

1. _____ 2. _____
3. _____ 4. _____

Parent's Name (printed) _____

Parent's Signature _____

Date: _____