

VIRTUS “Teaching Touching Safety” Children’s Program
Archdiocese of Los Angeles
“Permission Form”

TO: Parents
FROM: St. Maria Goretti Catholic School
SUBJECT: Opportunity to allow your child to participate in the *Touching Safety* program
DATE: January 04, 2016

St. Maria Goretti Catholic School will present a sexual abuse prevention program, the *Touching Safety* program, to our students on **Tuesday, January 19, 2016 and Wednesday, January 20, 2016**. The creators of the *Protecting God’s Children™* program developed the *Touching Safety* program. This program is provided to us by the Los Angeles Archdiocese, and is a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse.

As a parent, you have the right to choose whether your student participates. We encourage you to read the “overview” and “lesson plans” on our school website at www.smgschool.com. Please go to the ***Admissions and Forms Page*** and click on **“Teaching Touching Safety”** so you’ll be aware of the nature of this important program. If you have questions about the program, please contact your classroom teacher. If you determine that you DO or DO NOT, in fact, want your child to participate, please complete the “opt-in” or “opt-out form at the bottom of this page, and return it to your child’s teacher ***no later than Friday, January 15, 2016***.

For more information visit the VIRTUS *Online™* website at www.virtus.org.

Child’s Name _____

Grade _____

Permission form for use with the *Touching Safety* program: (Opt-In)

I am allowing my child to participate in the Protecting God’s Children “Touching Safety Program” and am specifically requesting that St. Maria Goretti Catholic School present the program to my child.

Parent’s name (printed): _____

Parent’s Signature: _____

Date: _____

Notice to opt out of the *Touching Safety* Program: (Opt-Out)

I do not wish for my child to participate in the Protecting God’s Children “Touching Safety Program” at St. Maria Goretti Catholic School.

Parent’s name (printed): _____

Parent’s Signature: _____

Date: _____