

**TO: Parents/Guardians**  
**FROM:**  
**SUBJECT: *Touching Safety* program**  
**DATE:**

The Diocese of Gallup is engaged in an ongoing effort to create and maintain a safe environment for children and to protect children from all types of abuse, including sexual abuse. As part of this effort, \_\_\_\_\_ will be providing the *Touching Safety* program to our students on \_\_\_/\_\_\_/\_\_\_\_.

As a parent, you have the right to choose whether your child participates. Please fill out the attached form, indicating your preference with regard to your child's participation in the *Touching Safety* program, and return it your child's teacher no later than \_\_\_/\_\_\_/\_\_\_\_\_.

For more information on the *Touching Safety* program, visit the VIRTUS Online™ website at [www.virtus.org](http://www.virtus.org).

---

**Permission for my child to participate in the *Touching Safety* program:**

I give \_\_\_\_\_ permission to present the *Touching Safety* program to my child whose name is \_\_\_\_\_.

Parent/Guardian's name (printed): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Opt-out form for use with the *Touching Safety* program:**

\_\_\_\_\_ does not have my permission to present the *Touching Safety* program to my child whose name is \_\_\_\_\_

Parent/Guardian's name (printed): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**If you choose to opt-out of the program, do you wish to come to the office to get copies of the material to teach your child yourself? Yes \_\_\_\_\_ No \_\_\_\_\_**