



Archdiocese of Seattle Safe Environment Program

Talking About Touching Opt-out Form

Child's Full Name: _____

School: _____ City: _____

Grade/Class: _____

By signing this form and initialing the following, I acknowledge that:

_____ The Safe Environment Program, *Talking About Touching*, was offered to my child.

_____ It is my choice that my child not participate in the program.

_____ I have received materials from the parish, school or program for me to use to instruct my child on this topic.

Parent/Guardian Name: _____
(Please print clearly)

Parent/Guardian Signature: _____ Date _____