

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*TM website at 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 _____



ST. JOSEPH & HOLY TRINITY

CATHOLIC PARISHES



424 N. MESA VERDE AVE ~ AZTEC, NM 87410 ~ (505) 334-6535 ~ FAX (505) 334-5902
 Email: office@stjosephaztec.org

Dear Parents,

Permission to release your child/children to those people whose names you have provided on the blanks below other than the parent:

1. Name of Student: _____ Grade: _____
2. _____ (Relation to child) _____
3. _____ (Relation to child) _____
4. _____ (Relation to child) _____
5. _____ (Relation to child) _____

If a child is to be picked up other than the parent, please provide a note to the teacher that your child/children will be picked up by the following (Named) person. They must be on your permission list. This list must be in the office and person picking up student must come to the office and get a permission slip to enable to pick up the student. Thank you for helping us keep our children safe!

Carmen Ray
 Secretary/ Coordinator for REP
 St. Joseph & Holy Trinity Catholic Parishes
 Father Owen Center
 424 N Mesa Verde Ave
 Aztec, NM 87410
 Office phone: 505.334.6535