

VIRTUS PROTECTING GODS'S CHILDREN EDUCATION FOR CHILDREN

Parental Denial of Permission to Participate and Absence Form
(Form to be completed annually if applicable)

From: _____
Name of Coordinator/Pastor/DRE/Principal

DENIAL:

This section to be completed by parent/guardian

I, _____, parent/guardian of (names of children) _____ understand that a Virtus Touching Safety Education Program for children is being implemented in my parish, school or religious education program at:

_____ / _____ / _____
Parish/School City

I **do not** consent to my child/children's participation in this program. I understand that at my request, the school and/or parish will provide me with the age appropriate lesson materials so that I can discuss the Protecting God's Children information with my child/children.

_____/_____/_____
Parent Signature Date

From: _____
Name of Coordinator/Pastor/DRE/Principal

ABSENCE:

This section to be completed by parish/school

Names of child/children _____

who was/were absent during the Virtus *Touching Safety* training on ____/____/____
Date

at _____
Parish/school City

Parents will be supplied with age appropriate lesson materials upon request.

Retain form in parish/school/entity file.