

Archdiocese of Atlanta Office of Child and Youth Protection



TO: Parents

FROM: _____ **CITY:** _____
Parish or School Name

SUBJECT: VIRTUS: Teaching Safety – Empowering God’s Children Training Program

Date: _____

VIRTUS: *Teaching Safety – Empowering God’s Children*, a sexual abuse prevention program provided to us by the Archdiocese of Atlanta, is part of our ongoing effort to help create and maintain safe environments and to protect children and youth from sexual abuse. This program will be presented to enrolled students on _____.

As the primary educator of your child, you have the right to opt your child out of participating in the program. We encourage you to read the Children’s Program Overview and Children’s Program Brochure which can be found at <https://archatl.com/ministries-services/safe-environment/grades-k-12/>.

If you determine that you DO NOT want your child to participate, please complete the form at the bottom of this page and return it to your child’s teacher no later than _____.

VIRTUS: Teaching Safety – Empowering God’s Children

I do not give permission for my child/ren (listed below) permission to participate in the VIRTUS: Teaching Safety – Empowering God’s Children.

_____	_____
_____	_____
_____	_____

Parent’s Name (printed): _____

Parent’s Signature: _____ Date: _____