

**SAFE TOUCH PROGRAM PARENT OPT OUT AGREEMENT**  
**Please Sign No. I or No. II**

**I.** I/We have requested to have my/our child(ren) excused from attending the Safe Touch Program of the Archdiocese of St. Louis. In excusing my/our child(ren) from attending this program, I/we acknowledge the following:

1. The Safe Touch Program was offered to my/our child(ren);
2. I/we have decided not to allow my/our child(ren) to participate in the Safe Touch Program; and
- 3. I/we have accepted the Safe Touch Program training materials.**

In my/our role as parent(s)/guardian(s), and above all others, the primary educator(s) of my/our child(ren), I/we will be vigilant and take such measures, including the instruction of my/our child(ren) by me/us, as I/we determine necessary and appropriate to protect my/our child(ren) from crimes of sexual harassment and molestation.

Name(s) of Child(ren): \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

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

Parish: \_\_\_\_\_

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**II.** I/We have requested to have my/our child(ren) excused from attending the Safe Touch Program of the Archdiocese of St. Louis. In excusing my/our child(ren) from attending this program, I/we acknowledge the following:

1. The Safe Touch Program was offered to my/our child(ren);
2. I/we have decided not to allow my/our child(ren) to participate in the Safe Touch Program; and
- 3. I/we have declined to accept the Safe Touch training material**

In my/our role as parent(s)/guardian(s), and above all others, the primary educator(s) of my/our child(ren), I/we will be vigilant and take such measures, including the instruction of my/our child(ren) by me/us, as I/we determine necessary and appropriate to protect my/our child(ren) from crimes of sexual harassment and molestation.

Name(s) of Child(ren): \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

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

Parish: \_\_\_\_\_

