

**TO:** Parents

**FROM:** Diocese of Shreveport

**SUBJECT:** Opportunity to “opt your child out” of the *Touching Safety* Program

**DATE:** The 2026 - 2027 School / PSR Year

Your school or parish will be presenting a sexual abuse prevention program, the *Touching Safety* program, to their students this school year in the fall. The creators of the *Protecting God's Children*™ program developed the *Touching Safety* program. This program is provided to us by the Diocese of Shreveport and is a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse.

The scheduled lesson is being offered to all students. As a parent, you have the right to choose whether your student participates. We encourage you to read the attached “overview” and “lesson plan” so you’ll be aware of the nature of the *Touching Safety* program. If you have questions about the program or the lesson, please contact either your Director of Religious Education or your church office. If you determine that you DO NOT want your child to participate, please complete the “opt-out” form at the bottom of this page and return it to your child’s teacher no later than the scheduled date of the program. You will in turn receive a copy of *Protecting God's Children's Teaching Touching Safety – A Guide for Parents, Guardians, and Other Caring Adults* so that you might take the opportunity to discuss with your children about what to do if they are touched and who to let know.

For more information on the *Touching Safety* program, visit the VIRTUS Online™ website at [www.virtus.org](http://www.virtus.org).

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**Opt-out form for use with the *Touching Safety* program:**

The Diocese of Shreveport **does not** have my permission to present the *Touching Safety* program, to my child(ren) whose name is (are) \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

and who is (are) attending \_\_\_\_\_.

Also, I have received a copy of *Protecting God's Children's Teaching Touching Safety – A Guide for Parents, Guardians, and Other Caring Adults*.

Parent’s name (printed): \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_

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