



## Parent Opt-Out Form

Dear Parent or Guardian,

This year, your child's school will be using the *MBF Child Safety Matters*® program (the Program) from the Monique Burr Foundation for Children. The goal of the Program is to help keep your child safe.

The Program empowers children to spot and respond to bullying, cyberbullying, child abuse, and digital dangers. Most importantly, it teaches that adults are responsible for their safety but there are things they can do to help adults keep them safe. The Program is based on the latest research and has been reviewed and endorsed by national experts.

### Why does your child need a safety program?

- » 10% of children are abused before their 18th birthday
- » 14% of children have been solicited online
- » 28% of students have been bullied
- » 90% of children between 8 and 16 years have viewed explicit material online

### The Program teaches about these dangers by:

- » using age-appropriate, easy to understand language.
- » playing fun games and activities.
- » providing take-home items to remind children and parents of the lessons and Safety Rules.

When children are taught safety information and rules to help them stay safe, they perform better in school and enjoy healthier, happier, and safer lives.

You can learn more about the Program at [www.mbfpreventioneducation.org](http://www.mbfpreventioneducation.org).

### **IF YOU "DO NOT" WANT YOUR CHILD TO PARTICIPATE IN THE PROGRAM, COMPLETE THE FORM BELOW AND CUT & RETURN THE FORM TO THEIR SCHOOL.**

The Program provides students with important information about dangers they may face. If you do not want your child to participate, please educate them using another program. Please contact the school with any concerns before opting your child out of the program.



I understand returning this form means I **DO NOT WANT MY CHILD TO PARTICIPATE** in the *MBF Child Safety Matters*® lessons. I UNDERSTAND THEY WILL NOT RECEIVE THE IMPORTANT SAFETY INFORMATION contained in the program.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Reason for declining program \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Parent/Guardian Phone Number \_\_\_\_\_