

eTeens Opt-out Form

Please complete this section if you DO NOT wish your child to attend the eTeens Programme and return it to the school.

I, (name) _____, do not wish my son/daughter/ward*,
(name) _____ of class _____, to attend the
eTeens STIs/HIV Prevention Programme conducted by the Health Promotion Board.

My reason(s) for opting out:

- ☐ My child is too young.
- ☐ I would like to personally educate my child.
- ☐ I am not comfortable with the topics/content to be covered.
- ☐ Religious reasons
- ☐ I have previously taught my child the topics/content to be covered.
- ☐ I do not think it is necessary for my child to attend.
- ☐ Others (please state): _____

Parent's Name & Signature

Contact No. (mobile)

Date