<u>*eTeens* Opt-out Form</u>

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 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): _____

_____   _____
Signature of Parent/Guardian   Date