



PARENT OPT-OUT FORM

Dear Parent or Guardian,

In the coming year, our school will be using the *MBF Teen Safety Matters*® program from the Monique Burr Foundation for Children to help keep your child safe. This program empowers teens to spot and respond to bullying, cyberbullying, the four types of abuse (physical, emotional, sexual, neglect), relationship abuse, digital abuse, and other digital dangers in a fun, age-appropriate way. It teaches them the MBF 5 Safety Rules® they can use in any unsafe situation and how to identify and talk to Safe Adults. The Program is based on the latest research and has been reviewed and endorsed by prevention and education experts. It also helps our school meet state mandates for prevention education and health instruction.

Why does your teen 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 teens and parents of the lessons and Safety Rules.

The curriculum was developed to also help educate and empower parents/guardians. You will be provided with information about what your child learns in the lessons so you can continue the conversations about safety at home. If you would like to learn more about the program, see sample lessons, view the MBF 5 Safety Rules, and access additional resources, please visit www.mbfpreventioneducation.org.

The program provides students with important information and we hope you will allow them to participate. When teens are taught safety information and rules to help them stay safe, they perform better in school and enjoy healthier, happier, and safer lives.

If you have any questions or concerns, please contact us before opting your teen out of the program.

IF YOU "DO NOT" WANT YOUR TEEN TO PARTICIPATE IN THE PROGRAM, PLEASE COMPLETE AND RETURN THE FORM BELOW. IF YOU WOULD LIKE THEM TO PARTICIPATE IN THESE SAFETY LESSONS, YOU DO NOT NEED TO RETURN THE FORM. THANK YOU!



I understand returning this form means **I DO NOT WANT MY TEEN TO PARTICIPATE** in the *MBF Teen Safety Matters*® lessons and they will not receive the personal safety information contained in the program.

Student's Name _____ Date _____

Teacher's Name _____ Grade _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian Signature _____

Parent/Guardian Email _____

(Optional) To help us better serve our students and families, please list any comments regarding your reason(s) for declining participation: _____