

**Communicable Diseases Agency
eTeens for Secondary Schools
Opt-out Form**

Please complete this section if you DO NOT wish your child/ward 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 Communicable Diseases Agency

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