

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/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