

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) _____, (NRIC) _____, 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 (Pls indicate religion: _____)
- 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