

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/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

