



## Diocese of Austin

Office of Ethics and Integrity in Ministry

### Called to Protect for Youth™ Waiver

I do **not** give permission for my child \_\_\_\_\_  
(name/grade)

to attend the Called to Protect for Youth™ program that will be held on \_\_\_\_\_  
(date)

at \_\_\_\_\_ in \_\_\_\_\_  
(parish/school) (city)

I understand that by signing this waiver I am assuming the responsibility for teaching my child this information and that I will receive materials from the diocese to assist me.

\_\_\_\_\_  
Signature of parent/guardian      Printed name of parent/guardian      Date

For parish/school use only:

\_\_\_\_\_ date CTPY materials given to parent/guardian. Notes: \_\_\_\_\_

UPON COMPLETION OF WORKSHOP, REPORT NUMBER OF WAIVERS TO EIM OFFICE WITH ATTENDEE INFORMATION.  
KEEP WAIVERS ON FILE AT THE SITE.