



Chaplaincy 'Opt-Out' Request Form

I (Name of Parent/Guardian) _____

request that the following child/children under my guardianship be excluded from:

(Please tick)

☐ One on One Care Sessions with the YouthCARE chaplain

☐ All programmes run by the YouthCARE chaplain

I understand that my child/children will be directed to other support staff and services within the student services team.

Child/Children's names:

Signed: _____

Date: _____