

Aug 14, 2024

Dear Parent/Guardian,

Mt. Harrison High School is offering an abstinence-based education program called "Reducing the Risk" (RTR). It will be taught in all Health classes.

This evidence-based curriculum (which has been approved by the School Board) will be taught by a Health Educator from South Central Public Health Department. The following topics of disease and pregnancy prevention will be addressed:

- Abstinence will be stressed as the only 100% guaranteed method of STD and pregnancy prevention.
- Skills for avoiding high-risk situations will be taught (Refusals, Delay tactics, and Role-playing to practice handling high-risk situations)
- Contraception (female and male methods): Effectiveness, side effects, and the appropriate use of contraception will be discussed.
- Sexually Transmitted Diseases (STDs): Long-term physical and emotional consequences, in addition to symptoms and prevention. The types of sexual activities where STDs can be contracted will be discussed.

As part of this program, your student will be asked to complete an entry and exit survey. These surveys are voluntary and anonymous. The intent is to assess the impact of the program on participants' knowledge and behavior as a result of participating in the program. Demographic information will NOT be collected. Results from the surveys help improve the program, and your student has the option to opt out of completing any part or all of the survey at any time.

If you would like your student to participate in this class, please sign this form and return it to your student's Health teacher by **Thursday, Sept 5, 2024**.

If you would NOT like your student to participate, they will be assigned to another location during the times this class is being taught. They will work independently on similar content.

Please feel free to contact Adria Masoner (208-654-7403) or amasoner@phd5.id.gov at South Central Public Health if you would like to review the curriculum or if you have any questions.

Parent/Guardian Consent Form

I, _____ (print name) certify and declare, under penalty of perjury, that I am the legal parent/guardian of _____ (print minor student's name).

_____ I **give my student permission** to participate in Reducing the Risk.

_____ I **do not give my student permission** to participate in Reducing the Risk and understand that my student will be assigned to another location during the times this class is being taught. They will work independently on similar content.

Parent/Guardian's Signature: _____ Date: _____