



**Alliance for Prevention  
& Wellness**

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Dear Mr. O'Toole,

I'm reaching out to share information on an exciting new initiative to provide Connecticut students in **9<sup>th</sup> and 10<sup>th</sup> grade** with digital [Prescription Drug Safety](#) course aimed to promote prescription drug safety and inform students on the risks of abuse and misuse.

The flagship initiative of the Prescription Drug Safety Network is the launch of a new prescription drug abuse prevention course developed by EVERFI, the nation's leading education technology innovator.

*About the course:*

The digital learning course uses an evidence-based, public health approach to empower high school students with the skills and knowledge they need to make safe and healthy decisions about prescription drugs. Through interactive scenarios and self-guided activities, students learn the facts about drugs, how to properly use and dispose of them, and how to step in when faced with a situation involving misuse. The course is aligned with the Centers for Disease Control's National Health Education Standards and state academic standards. Students will need to complete the course, including pre- and post- test results by **May 30, 2019**

*To Get Started:*

Download this [Quick Start Guide](#) to get started with your students today. Please confirm your participation by completing the attached agreement. Each school that participates will be eligible for \$500 in mini-grant funding upon meeting submission criteria.

[Quick Start Guide](#) - Walks teachers through registration and activation

[Video](#) - Prescription Drug Safety Program for Teens

Thanks in advance for your support of this important initiative. We look forward to collaborating with you to promote healthy behaviors around prescription drugs in communities across our state.

Sincerely,

Lorrie McFarland  
Prevention Coordinator



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### Application for Prescription Drug Safety Mini-Grant

School site: \_\_\_\_\_

Contact from site:

Address:

Town:

Zip Code:

E-mail:

Phone Number:

Amount Requested (up to \$500.00) \_\_\_\_\_

Number of Participants:

\_\_\_\_\_ Males

\_\_\_\_\_ Females

Grade Levels  8  9  10  11  12

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Describe how you intend to use mini- grant funds:



Submit/Attach aggregate pre and post test results to Alliance for Prevention and Wellness at: [lmcfarland@bhcacre.org](mailto:lmcfarland@bhcacre.org) (Lorrie McFarland)

*\*Aggregate results will be used by your Local Prevention Council to educate and engage parents and community members to address any knowledge gaps*

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Authorized Signature(s)

Name (Print):

Title:

Signature:

Date:

Authorized Official (Town Official, Principal, Superintendent of Schools)

I, \_\_\_\_\_, as the Authorized Official agree to the requirements of this mini grant opportunity as described.

Title:

Signature:

Date: