

THE SCHOOL DISTRICT OF PHILADELPHIA
OFFICE OF STUDENT SUPPORT SERVICES
440 NORTH BROAD STREET, SUITE 201
PHILADELPHIA, PA 19130

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CHIEF

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Dear Parent/Guardian:

On June 24, 1991, the Board of Education adopted a policy aimed at helping our children live healthier lives. The Board of Education did this after listening very carefully to many Philadelphia parents and community members and to a wide range of opinions and beliefs. The Board of Education was concerned because many reports showed, even then, that teenage pregnancy, sexually transmitted diseases (STD) and HIV were on the rise among Philadelphia's high school students.

The School Reform Commission (SRC) believes that schools can and must help students deal with these health issues. An effective way to do this is by continuously improving programs in student health education, parent education, health services and community awareness activities. It is for these reasons that your children's school will have a Health Resource Center during the 2017-2018 school year.

In collaboration with AccessMatters, the Health Resource Center program provides high school age students with education and information around abstinence, reproductive health and good decision-making. Certified health educators, social workers, and counselors from local health care agencies staff your school's center. Students are offered education that stresses the fact that abstinence is 100% effective in preventing unintended pregnancy, HIV and STD. The center offers students individual level counseling that answers their questions, and provides them with tools to prevent negative health outcomes. The Health Resource Center also provides STD and pregnancy screening, and helps to link students with family planning services at qualified health centers. If requested, condoms and other risk reduction materials are available to students.

If you do not want your child to receive condoms through the Health Resource Center program, fill out the enclosed form. Please mail it back to your child's school within two weeks.

If you believe that this important health service should be available to your child, you do not have to return this form.

Thank you for taking the time to read this letter, and for your careful consideration of this program.

Sincerely,



Karyn Lynch
Chief, Student Support Services

KTL/lh

Dear Principal:

I do not wish to allow my child to receive condoms through the Health Resource Center.

Print Your Name

Print Your Child's Name

Your Child's School ID#

Your Child's Date of Birth (DD/MM/YY)

Sign Your Name

Date Signed

SCHOOL PERSONNEL: PLEASE GIVE COMPLETED FORM TO THE HEALTH
RESOURCE CENTER COORDINATOR.