



Reducing the Risk -
Helping Teenagers to Navigate Relationships

Reducing the Risk Consent Form

Dear Parent/Guardian,

I am pleased to introduce an opportunity for students to engage in Reducing the Risk, a 16-week curriculum to discuss topics such as:

- Healthy versus unhealthy friendships/relationships
- Pregnancy prevention
- Addressing obstacles and challenges in their lives
- Consent and learning how to say no
- Managing daily life stressors
- Reproductive health and choices
- Education on sexually transmitted infections

I hope you will allow your child to engage in this curriculum giving them the skill set to feel empowered when making healthy decisions. I look forward to interacting with them in a closed group setting, allowing an opportunity to privately and confidentially discuss topics teens struggle with on a daily basis.

Please check yes below and print your child’s name. Your signature and date are a requirement. By signing this form, you consent to having your child participate in this program. No further consent will be provided.

_____ Yes, please allow my child to participate in _____ Girl Power or _____ Game Changers.

Student’s name (please print)

Student’s signature

Parent’s name (please print)

Parent’s signature and date

Please feel free to contact me with any concerns or questions you may have regarding this curriculum:

Casey Oldfield 973-383-6700 x328