



_____ Parents and Guardians:

(School Name)

To meet the Oklahoma HIV/AIDS education mandate, **Youth Services of Tulsa** will be providing an HIV/AIDS presentation in the **10th grade**, approved by the Oklahoma State Department of Health for medical accuracy. This is a one-time educational class taking place on _____.

(Date)

The information provided in this class will be taught by trained educators from **Youth Services of Tulsa's Health Services Program**.

The Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) education will cover the following information:

- Boundaries and Consent
- Local and National Statistics
- Routes of Transmission
- Symptoms of Infection
- Prevention Methods

The goal of HIV/AIDS education is for students to receive medically accurate information to empower them to make choices that will reduce their risk of becoming infected with HIV.

Student participation is voluntary and confidential. Whether or not the student participates in HIV/AIDS education is the choice of their parent or guardian. Your student's classroom grade will not be affected if they do not participate in the education. Parents and guardians have the option to opt their student out of this education.

If you have any questions, please contact:

Health Education

Tulsa Public Schools

TPSHealthEducation@tulsaschools.org

Please watch for information from your school regarding the optional Parent Overview Night to preview the presentation and ask questions

If you **DO NOT** want your child to participate in HIV/AIDs education, please sign and return this form to the school nurse.

My student, _____, **CANNOT** participate in the program.
(Print Student Name)

(Parent/Guardian Signature)

(Date)

(Student ID Number)