



STUDENT HEALTH SERVICES
Rochester City School District
131 West Broad Street
Rochester, New York 14614
Phone: 585-262-8497
www.rcsdk12.org

Dear Parent or Guardian/Custodians:

The Rochester City School District offers an HIV/AIDS prevention program as part of an ongoing comprehensive health education program. Part of this prevention program is the Condom Availability program (CAP). As a parent or guardian, you have the option to ask that School Health Personnel **not** give your child condoms. This is referred to as a *parent opt-out*. You are **not** permitted to make this request if your child: 1) is 18 years of age or older; 2) has been or is currently married; 3) is entitled under law to give consent for himself/herself.

To request that your daughter/son **not** be permitted to receive condoms during the 2026-2027 school year, **please complete the attached sheet and send it to the District's Coordinator of Student Health Services in an envelope marked "CONFIDENTIAL" or to the nurse at your child's school.** If you change your mind and decide that your child can request free condoms, please reach out to the school nurse in your child's school.

The HIV/AIDS prevention program for high school students offers an opportunity for you to talk with your child about health issues associated with HIV/AIDS and listen to their concerns. It can be the occasion for you as a parent or guardian to encourage responsible decision-making and to reinforce that the most responsible decision a young person can make in this regard is to abstain from any high risk behaviors, including sexual intercourse and substance abuse. Please support your child in making positive health choices.

Sincerely,

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Sign and return only if you **DO NOT** want your daughter/son to participate in the Condom Availability component of the HIV/AIDS Prevention Program during the 2026–2027 school year. It must be noted that this option shall not apply to students who are 18 years or older, who are or who have been married, or who are entitled under law to give consent for themselves. If you have more than one child enrolled in the school, please complete a separate form for each child.

My son/daughter _____,
Print full name of student

who is in grade 9 10 11 12 at _____ High
School, **IS NOT** to participate in the condom availability component of the program.

My daughter's/son's Student Identification Number (if known): _____

Printed name of parent/guardian/custodian: _____

Signature of parent/guardian/custodian: _____

Date

Return form to:

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