

**The Washington Hospital Teen Outreach
Canon – McMillan Middle School Parent Information/Permission Sheet/Exclusion Form
POWER Program**

Dear Parent or Guardian,

Welcome to The Washington Hospital Teen Outreach in-school educational program!

Your son or daughter may attend Teen Outreach classes during regular school classes this year. Your school and The Washington Hospital are partnered to offer quality health education. Trained Teen Outreach RN/educators teach classes that focus on avoidance of risky behavior by:

- Removing myths and misconceptions about sexuality, pregnancy, sexually transmitted infections, and HIV/AIDS
- Making sense out of the confusing messages our society gives young people about sexuality
- Providing skill building exercises that promote:
 - Increased communication between parent and child
 - Increased self-awareness and self-confidence to empower young people to deal with peer pressure
 - Refusal skills, decision making skills, and problem solving skills
- Abstinence or waiting to become involved sexually will be stressed.

Teen Outreach was begun in 1989. At that time the Washington County Teen Pregnancy rate among 15 – 17 year olds was 36/1000. The latest statistics from the PA Department of Health show a teen pregnancy decrease of 55% to 15.6/1000 in that age group. Our classes are interactive, fun, and respectful of culture and diversity. Young people have responded to our teaching methods with enthusiasm; we are pleased your son or daughter will be able to participate in the program this year.

As parent or guardian, you are the first educator in your child's life. You are the best source of information on your family's values about sexuality. Our RN/educators seek to build on the foundation of health and risk avoidance you've given in your home. **If you DO NOT want your son/daughter to attend the classes, you must sign him/her out of the classes.**

**If you want your son/daughter to attend, you need do nothing.
Complete the bottom of this slip and return it to your child's school no later than
September 30, 2011 only if you DO NOT want you son/daughter to attend the classes. Once
again, if you want him/her to attend, you should not return the slip.**

If you have questions or concerns, please contact our office at (724) 222-2311.

Exclusion Form (Return only if you DO NOT want your son/daughter to attend by _____).

I, _____ **DO NOT** give permission for my son/daughter
Print your name here please
_____ to attend Teen Outreach classes.
Print your child's name here

Comments:

Signed (Parent or Guardian)

Phone Number