

## Health Related Services

428 City Hall, Buffalo, New York 14202  
Phone: (716) 816-3098 Fax: (716) 851-3698



Dear Parent or Guardian:

Date

The Buffalo Public School District health education program includes sexual health and HIV/AIDS prevention education. Part of the high school program is the Condom Availability Program (CAP) which makes condoms available to students under specific conditions listed below. As a parent or guardian, you may ask that the school nurse **not** give your child condoms. This is called *parent opt-out*. The parent opt-out is not applicable if your child 1) is 18 years of age or older; 2) has been or is currently married; or 3) is entitled under law to give consent for himself/herself.

To ask that your daughter/son **not** be able to receive condoms from the school nurse, **please complete the attached form and send it to the District's Director of Health Related Services in an envelope marked "CONFIDENTIAL"**. If you change your mind send a letter to the Director of Health Related Services at the address below to notify the District.

Condoms may be made available to students only under the following conditions:

1. *Abstinence* (not engaging in sexual behavior) shall be explicitly expressed by the Buffalo Public School District as the best way to avoid disease and unplanned pregnancy. *Abstinence* shall also be the basis for individual, accurate and complete personal health guidance provided to students from a trained and supervised school nurse prior to condom availability;
2. Condoms shall be made available only by school nurses and in the school nurse's office;
3. Condoms shall be made available only to grade 9-12 students;
4. Condoms shall be made available only to students who have successfully completed the required HIV/AIDS/sexual health instruction program in their Health Education class;
5. Condoms shall be made available only with prior parental notification of the choice to opt-out. No student shall be permitted to participate in the condom availability program if the student's parent(s) has submitted a written request to opt-out.

Thank you.

Office of Health-Related Services  
Buffalo Public School District  
428 City Hall  
Buffalo, NY 14202  
716-816-3912

**Health-Related Services**  
Buffalo Public School District  
428 City Hall  
65 Niagara Square  
Buffalo, NY 14202

Sign and return only if you **DO NOT** want your daughter/son to be part of the Condom Availability Program (CAP). One form must be completed for each high school child in the District.

My daughter/son \_\_\_\_\_  
(Print full name of student)

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month / Day / Year

Grade (circle one):    9    10    11    12

Place name of high school here: \_\_\_\_\_ High School

**IS NOT** to be part of the Condom Availability Program (CAP).

Printed name of parent/guardian \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

**Return form in envelope marked CONFIDENTIAL to:**

**Health Related Services**  
Buffalo Public School District  
428 City Hall  
65 Niagara Square  
Buffalo, NY 14202