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## LOS ANGELES UNIFIED SCHOOL DISTRICT

### HIV/AIDS PREVENTION PROGRAM PARENT/GUARDIAN CONSENT FORM

Dear Parents(s) or Guardian(s):

HIV/AIDS and sexually transmitted diseases are epidemic in our community. Public health statistics and reports indicate that increasing numbers of young people in their early teens are becoming involved in behavior that puts them at risk for infection. While the District does offer education which emphasized abstinence as the only one-hundred percent effective method of preventing infection, the proper use of a condom does provide some protection against sexual transmission of the HIV/AIDS virus. At the urging of medical and public health authorities, the Board of Education has enacted a policy to make condoms available for students, subject to the parental approval guideline currently used for Health Education classes.

Condoms will be made available through the school to requesting them unless you, as the parent or guardian, withdraw permission by completing and returning the tear-off below. In making condoms available the District assumes no liability.

If you do not wish your son/daughter to be able to obtain condoms through the school's HIV/AIDS program, please return this form to Daniel Pearl Magnet High School.

Deborah Smith  
Principal

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### HIV/AIDS Prevention Program

To: Daniel Pearl Magnet High School

Date: \_\_\_\_\_

I do not wish my son/daughter to obtain condoms through the school's HIV/AIDS Program.

\_\_\_\_\_  
*Name of son/daughter*

\_\_\_\_\_  
*Date of Birth*

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

( \_\_\_\_\_ )

\_\_\_\_\_  
*Daytime Phone*