

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. 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, who are parents, 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 John Adams High School, **IS NOT** to participate in the condom availability component of the program.

My daughter's/son's Public School Identification Number is

(if you do not know your #, the school will enter it for you)

Printed name of parent/guardian

Signature of parent/guardian

Date

If your daughter/son is not to participate, return this portion to her/his **HIGH SCHOOL PRINCIPAL** in an envelope marked **"CONFIDENTIAL"**.