



## Prevention Program from Outside Source

### Parent/Guardian Consent (Opt In) Form

Dear Parents or Guardians,

As part of our commitment to fostering a supportive and nurturing environment for our students, we are thrilled to offer various prevention programs at our schools. These programs are designed to equip students with essential skills and knowledge to navigate various challenges they may encounter, empowering them to make informed decisions and lead healthy lives.

Our prevention programs are tailored to specific grade levels and age groups, ensuring that the content is both grade-specific and age-appropriate. Programs currently offered:

\* **Elementary School:** DeBakey Drug Bus; NetSmartz and The Puppet Show

\* **Middle School:** You are Unique; Socially Unacceptable; Stand Beside Her and NetSmartz Internet Safety

\* **High School:** Underage-Under Arrest; Leg Up

These programs will provide students with relevant and meaningful insights, equipping them with essential skills to navigate challenges effectively and make informed decisions. Our goal is to create a supportive environment where students feel empowered to address issues relevant to their stage of development and personal experiences.

If you wish to grant consent for your child to participate in the prevention program, please complete the consent form and return it to us at your earliest convenience. Should you have any questions or concerns regarding the programs or the consent process, please feel free to reach out to us. For your child to participate in any of these programs, your consent is required. Your consent will enable us to include your child in the program and ensure they benefit from this important initiative.

For further details about the prevention programs and information about the professionals leading the sessions, please don't hesitate to contact your school counselor or school social worker. Thank you for your continued support as we strive to create a safe and supportive environment where all students can thrive. We are excited about the positive impact these prevention programs will have on our students' well-being and future success.

**I GIVE CONSENT FOR MY CHILD TO PARTICIPATE IN THE ABOVE PREVENTION PROGRAM FOR MY CHILD'S GRADE LEVEL.**

Student name: \_\_\_\_\_ Classroom Teacher: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parent Guardian Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_