



**NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**
Thomas A Farley, MD, MPH
Commissioner

August, 2011

Dear Parents and Guardians,

Unintended pregnancy is an important concern for New York City teenagers. More than half of New York City public school students become sexually active before completing high school. In fact, about a quarter of students entering ninth grade have had sex. Each year over 8,000 females under the age of 18 become mothers or terminate a pregnancy. The vast majority of these pregnancies are unintended. Most teen mothers do not graduate from high school with their class.

To provide our high school students with timely and accessible services the Office of School Health began a reproductive health program in 2011, called C.A.T.C.H. (Connecting Adolescents to Comprehensive Healthcare). In 2011-2012 this program will be offered at _____ High School. Services will be provided by a school nurse, and a School Health doctor. The program will include: reproductive health counseling and education; referrals for additional care; pregnancy testing (urine testing, no physical exam required); emergency contraception (EC); birth control pills; condoms and social work services. Students must sign a form consenting to these services prior to receiving them. All services are confidential and free of charge.

Under New York State law, minors may receive reproductive health services without parental consent. However, because this program will operate in a public school, you may inform us that you do not want your child (if under age 18) to receive birth control pills, EC (emergency contraception), condoms and/or pregnancy testing through this program by returning the bottom of this letter to the principal. All teens will have access to the following services: reproductive health counseling and education, referrals for additional care and social work services. In addition, even if you state that you do not want your child to be tested for pregnancy, such testing may be done if, as part of a medical history, it is determined that a pregnancy test is needed to protect your child's health.

It is our hope that this program will provide a chance to educate our students and help them make responsible choices.

Sincerely,

Roger Platt, MD
Director, Office of School Health

Dear Principal _____:

I am the parent/guardian of _____, I have read the letter about the reproductive
Name of Student

health program being offered at my child's school. **I DO NOT** want my child to receive the following services by the Office of School Health:

- Emergency contraception
- Birth control pills
- Pregnancy testing
- Condoms

I understand that if, as part of a medical history, it is determined that pregnancy testing is necessary to protect my child's health; a pregnancy test will be done.

Date: _____ Signature of Parent/Guardian _____