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## NOTICE OF RIGHT TO WITHHOLD CONSENT CONCERNING REPRODUCTIVE HEALTH ISSUES

School Year 2025-2026

The Board recognizes the critical role of parents in the education of their children. Parents are encouraged to become familiar with programs designed by schools for parental involvement and to actively participate in them. Parent may withhold consent for the following:

*A student's use of guidance programs for individual counseling, small group counseling related to addressing specific problems, or referral to community resources on issues of a private nature, as well as information on where to obtain contraceptives or abortion referral services.*

District employees and school health nurses do not provide contraceptives, or counseling, information, services of any kind, or referrals on the subject of abortion.

Neither parental notification nor parental permission is required for large group sessions, initial consultations intended to identify the student's needs or counseling where child abuse or neglect is suspected.

**My signature below and the return of this form indicates that I do not consent to my child receiving individual counseling and/or information concerning contraception or contraceptives from district employees or school health nurses. If this form is not returned, this child may be counseled and/or given information on contraception and contraceptives.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name (Please Print)

\_\_\_\_\_  
School Name (Please Print)