

OFFICE OF SCHOOL HEALTH

Dear Parents and Guardians,

Your child’s health is important to us. Unintended pregnancy is a concern for New York City teenagers. About a third of New York City public school students become sexually active before completing high school. In 2021 in New York City, over 1,300 females under the age of 18 and over 3,400 females 18 and 19 years old became mothers or terminated a pregnancy. Most of these pregnancies were 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 CATCH (Connecting Adolescents to Comprehensive Healthcare). This year the CATCH program will be offered at your child’s High School. Services will be provided by the School Health nurse and a School Health doctor or nurse practitioner. The program will include reproductive health education, including information on sexually transmitted infection prevention. The program will also include reproductive health services: pregnancy testing (urine testing, no physical exam will be required), and hormonal contraception (birth control), including emergency contraception and condoms. Students must sign a form consenting to these reproductive health services before receiving them. All services are confidential and free of charge.

In New York, minors may receive reproductive health services without parental consent. Because CATCH services are being provided in school, parents may choose not to have their child receive the services (“opt their child out”) by returning the bottom of this letter to the principal. If you do not choose to opt your child out, your child may access these reproductive health services if they choose. Please note that parents may not opt out from receipt of reproductive health services students who are 18 years of age or older, students who are parents or legally emancipated, or students in certain other circumstances, such as in emergency situations. Please be aware that all students will have access to health education and referrals for reproductive health regardless of whether their parents choose to opt them out of reproductive health services. We encourage all parents to talk to their children about their reproductive health as a part of their overall health.

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

Sincerely,



Tracy Agerton
 Assistant Commissioner
 Office of School Health

*If you **DO NOT** want your child to participate in any of the reproductive health services offered in connection with the CATCH program (pregnancy testing (urine testing, no physical exam will be required); and hormonal contraception (birth control, including emergency contraception and condoms) please complete each field below AND SIGN this portion and return it to the **Principal** in an envelope marked “CONFIDENTIAL.”*

I am the parent/guardian of _____ Date of birth: _____

Name of student

ID # _____ at _____

9-digit public school identification #

Name of High School

I have read the letter about the reproductive health CATCH program being offered by the Office of School Health at my child’s school. **I DO NOT** want my child to receive the reproductive health services offered. I understand that all students have access to education and referrals for reproductive health care.

Signature of Parent/Guardian _____ Date: _____