

DRAFT OPT-OUT LETTER FROM TEACHER TO PARENTS

[DATE]

Dear Parent/Guardian of ___th Grade Student,

On _____ (date) your child's _____ class will be discussing peer pressure as related to risky behavior. Specifically, we will be addressing "The Choking Game" where teens and pre-teens choke themselves to the point of passing out, causing brain damage and in many cases, even death.

We feel this is an important topic and that students need to be informed of the risks. We will show an eight-minute video on the dangers of "The Choking Game" and we will be discussing the topic afterwards, including strategies for children on how *not* to participate. There will also be a structured question and answer section as part of this prevention curriculum.

If you would like to screen the video, "Help Stop the Choking Game," yourself, you may do so at the following website, www.erikscause.org. The Erik's Cause website contains enlightening information about "The Choking Game" for both parents and kids.

We encourage you to discuss these issues with your child at home. If you have any feedback, we are happy to hear it. Please feel free to write comments on the back of this letter or else you may contact me directly.

We are aware that you may consider this a sensitive topic. If you prefer your child not participate, you may "opt out" and they will spend that class time in another classroom that day where they can read silently.

If you have any questions about the topic or video, please feel free to email me at _____ or call me at _____, extension _____.

Please indicate and sign below by _____ (date) if you prefer your child not participate.

Sincerely,

_____ (Teacher's name)

_____ Yes, I would like my child to participate in this activity.

_____ No, I would not like my child to participate. Please send him/her to an alternate class on that day.

Student Name

Parent Signature

Date