

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

1555 North 17th Avenue Greeley, CO 80631

www.weldhealth.org







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Fax: 970-304-6416

Environmental Health Services Tele: 970-304-6415 Fax: 970-304-6411 Communication, Education & Planning Tele: 970-304-6470 Fax: 970-304-6452

& ResponseTele: 970-304-6420
Fax: 970-304-6469

Emergency Preparedness

Our vision: Together with the communities we serve, we are working to make Weld County the healthiest place to live, learn, work, and play.

High School WeldWAITS Opt Out Form

children and want to let you know about an exci		
students on		class.
Date of Presentation/s	Teacher's name	
WeldWAITS is a sexual risk avoidance/ relation	nship education program with the Wel	d County Department of
Public Health and Environment. It strives to edu		• •
sexually saturated culture and have healthy relat		
relevant, and developmentally appropriate to eq		-
relationship, and life success. The lessons inclu	de interactive activities and object les	sons.
Some of the topics we address are:		
 Healthy vs. unhealthy relationships 		
 How to give and receive love without be 	eing sexually active	
 The steps of physical intimacy 		
 Boundary setting 		
 Consequences of teen sex (including sex 	xually transmitted diseases)	
 Refusal skills 		
 Media influence and navigation skills 		
 Overview of contraception options 		

Parents are welcome to sit in on this presentation and/or call to ask any questions regarding what your children will be learning. We realize that it is your desire to teach your children how to be healthy and have a great future. Our intention is to support you in that effort. For more information on WeldWAITS, visit WeldWAITS.com.

Sincerely,

WeldWAITs, Weld County Department of Pu Melanie—304-6420 x 2423 Heidi—304-	ablic Health and Envir	onment		
Title 304-0420 X 2423 Title 304-				
WeldWAITS Opt Out Form (Please return attend this presentation.)	Teacher's Name	_ only if you do not want your child to		
I,, do not consent to have my child,, participate in the WeldWAITS presentation in his/her class.				
Signature of Parent	Date			