



Reno County Health Department Educational Program Request

Date request received: _____ Date of Program: _____

Time: _____ How Long: _____ Location of Program _____

Name of Organization: _____

Number of persons attending: _____ Age Group: _____
❖ under 18 years of age, approval is required- see below

Name of person requesting program _____ Phone # _____

Topics to be covered:

- | | |
|---|--|
| <input type="checkbox"/> HIV/AIDS/STD* | <input type="checkbox"/> Chronic Diseases |
| <input type="checkbox"/> Contraceptives/ Family Planning* | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Human Sexuality* | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Tobacco Use Prevention | <input type="checkbox"/> Other (Specify) _____ |

Audio Visuals Needed: _____

Handouts requested: _____

Date and topic reviewed by Health Department Coordinator/Supervisor/Director? ____ Yes ____ No

- ❖ If program reaches individuals under the age of 18 years of age, topics on Family Planning, Birth Process, Menstruation, Sexuality, etc., require administrative approval:

*Principal/Administrator must give prior approval of topics to be covered.

Principal / Administrator Signature _____ School/ Agency _____ Date _____

And Following steps are also recommended:

1. Consideration of parental permission slips regarding topic.
2. Consideration of inviting parents to come to program also or holding a special program for parents.
3. Review of class preparation for the topic to be covered prior to the program. (What has been covered before this topic and what will come next.)

*If handouts are to be given for these topics, principal and teacher to preview ahead of time and will be responsible to distribute them.

The intent of this form is to decrease problems from developing with sensitive issues and to be sure the Health Department staff is consistent in its materials and presentations.