

PARENT INFORMATION AND CONSENT FORM

Dear Parents/Guardians,

This letter is to inform you that our Health class will be starting the sexual health unit.

Start Date: _____

At the core of education is the belief that parents are the best educators for their children. Due to the sensitive nature of this topic, I wanted to inform you of the upcoming sexual health unit with this permission slip. **Please be assured that this unit is abstinence based.** Our goal is to educate students about the possible consequences of high risk behaviors that could result in consequences such as HIV/AIDS, STDs and pregnancy.

This is a curriculum based unit with the purpose of educating students about: changes that are the result of puberty, reducing early sexual activity and adolescent pregnancy, informing students about the risk of communicable diseases including STD's and HIV/AIDS. I will attempt to accomplish this by utilizing the health curriculum and guiding students through goal-oriented activities and conversations. The sexual health lessons are taught in an effort to affect adolescent behavior and attitudes in a positive manner, foster self-esteem, and develop better communication skills and relationships with peers and family. The unit will focus on sexual integrity and builds on the positive character traits of honesty, respect, and self-control. Students will be encouraged to become active participants in the lessons in an effort to help them make and reach their goals and expand their opportunities for the future through abstinence.

For more information please see our Health and Disease Education information page at:

<https://www.osceolaschools.net/Page/8316>.

If you have reservations about the upcoming sexual health unit please make arrangements to speak with me before deciding to exclude your child.

Health Instructor: _____

My email address is: _____, or school # _____

Please be aware, if you choose to exclude your child from participating in the sexual health unit, student work will be provided for them to complete for a grade in a separate supervised setting.

In order for your child to participate in this unit, it is imperative that this permission slip is signed and returned by:

Please allow my child, _____, to participate in the curriculum based sexual
(Print Name)
health unit.

Parent / Guardian Signature

Date