

FAMILY LIFE AND HUMAN SEXUALITY PERMISSION

Dear Parents and Guardians of Middle School Students,

Welcome to Health Education! During the school year your child will receive health instruction as part of the physical education program in the following areas:

Health Content areas:

Introduction to Health
Tobacco, Alcohol and Other Drugs
Nutrition and Fitness
Disease Prevention and Control
Family Life and Human Sexuality

Health Skills:

Accessing Information
Health Behaviors
Communication Skills
Decision Making and Goal Setting

The approved health education curriculum is based on the Maryland Health Education Learning Outcomes. The specific outcomes and activities are designed to be developmentally appropriate for students at each of the three grade levels. The abstinence based units on Family Life and Human Sexuality were developed in accordance with the standards and procedures established in Maryland State Regulation 13A.14.01.02. The information provided promotes abstinence as the safest, healthiest choice for adolescents. Please read "Parents and Teachers: Partners in Middle School Family Life and Human Sexuality Education" for more detailed information.

We invite you to attend a parent meeting to review the information and materials used in these units. This parent preview session will take place on _____ from _____ to _____. **As directed by state regulation, parents/guardians may choose that their child not participate in this unit.** Any child who does not have parental permission to participate in this instruction will be provided with an independent alternative assignment. As always, we support your role as the primary sexuality educator for your child and are hopeful that you will respond favorably to this instruction.

Please sign and return the form **only if your child does not have permission to participate in these lessons.**

My child **DOES NOT** have permission to participate in the Family Life and Human Sexuality lessons.

Student name (print) _____

Student Grade _____

Parent/Guardian name (print) _____

Parent/ Guardian signature _____

Teacher name _____ Date _____