



High School Health Education

Welcome to High School Health Education!

During the school year, your child will receive health instruction in the following areas:

Health Content Areas

- Mental and Emotional Health
- Tobacco, Alcohol and Other Drugs
- Safety and Injury Prevention
- Personal and Consumer Health
- Family Life and Human Sexuality
- Disease Prevention and Control
- Nutrition and Fitness

Health Skills

- Analyzing Influences
- Health Enhancing Behaviors
- Accessing Valid Information
- Interpersonal Communication
- Decision Making
- Goal Setting
- Advocacy

The approved Health Education curriculum is based on the Maryland State Curriculum and complies with state regulations. The specific outcomes and activities are designed to be developmentally appropriate for students at each of the three grade levels.

Viewing the Materials

Materials are updated and reviewed yearly. A course syllabus can be found at www.aacps.org/health. If you would like to view the materials being presented, please schedule an appointment with your child's Health Education teacher or with the Office of Health, Physical Education, and Dance located on Riva Road in Annapolis.

Opting Out

Parents/guardians may choose that their child not participate in the *Family Life and Human Sexuality* and/or the *HIV/AIDS* units. Students whose parents prefer for them *not* to receive instruction from school in either of these units will be provided with an independent alternative assignment to be completed in another location other than the classroom.

If you do not want your child to participate in the Family Life and Human Sexuality Lessons and/or the HIV/AIDS Lessons, please sign and return the bottom portion of this form to the Health Teacher.

Request to Opt Out of the Family Life & Human Sexuality Unit

Do not complete this form if your child has permission to participate in these lessons.

My child **does not** have permission to participate in the (please check):

Family Life & Human Sexuality Lessons

HIV/AIDS Lessons

Student name (print)	Grade	Health Teacher
Parent/Guardian name (print)	Phone #	
Parent/Guardian signature	Date	