



Waiver Form for
Sexual Health Education
Curriculum & Instruction

Student Participation in Sexual Health Education

According to state law and district policy, a parent or legal guardian may excuse their child from participating in any, or all, classes related to sex education after they have previewed the materials. If you do not want your child to participate, you must notify the school in writing.

Unless this form is completed and returned, we assume that you give your consent to allow your child to participate in HIV/AIDS and sexual health education.

Please submit one form per child.

My child may **not attend or participate** in

- a) _____ the HIV/AIDS prevention lessons only
- b) _____ all of the Family Life and Sexual Health Education lessons (FLASH)
- c) _____ only the specific lessons identified below (please identify which lessons)

Your child will be provided alternative educational experiences during the instructional times you have identified above.

Please complete and sign the section below:

Name of Student: _____ Date: _____

School: _____ Grade: _____

Name of Student's Teacher _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Address: _____

City, State, ZIP: _____

Telephone Number: _____ Email: _____