

Health Education Contract

I have read the Health Syllabus for District #204 on the **Health Google Classroom Page** and will, to the best of my ability, follow the rules outlined in the syllabus. Should there be a sensitive area, of which I am not allowed to participate due to religious or personal conviction, I will have my parent(s) or guardian(s) contact my Health teacher for an alternative work/study plan. The following list contains the subject areas and topics your child ***may*** be learning throughout the semester. The material may be unsuitable for some families. If you wish for your child not to learn about any of the subject areas or topics, please check the **“NO”** line next to the item.

Please check an identified area if you would not like your son or daughter learning about this year. **If there are none, please sign the bottom portion.**

<u>Subject Area/Topic</u>	<u>NO</u>
<i>Suicide</i>	_____
<i>Cyber Bullying</i>	_____
<i>Eating Disorders and Body Image</i>	_____
<i>Mental Disorders</i>	_____
<i>Female/Male Sexual Anatomy</i>	_____
<i>Sexually Transmitted Diseases</i>	_____
Gender Identity	_____
Birth Control/ Contraceptives	_____
<i>Pregnancy and Childbirth</i>	_____
Alcohol, Drugs and Tobacco Use/ Abuse and Addiction	_____
Sexual Abuse/ Assault	_____
Sex Trafficking	_____
Sexting	_____

Student Name: (Please Print) _____

Date: _____

Parent/Guardian Signature: _____

Date: _____