



Waiver Form for 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 lessons related to HIV/AIDS and comprehensive sexual health education. In addition, any parent or legal guardian may review the HIV/AIDS and comprehensive sexual health education curriculum taught in their child's school by visiting highlineschools.org/FLASH.

If you do not want your child to participate in HIV/AIDS and sexual health education lessons, you must complete this form and submit it to your child's teacher. Please submit one form per child. This form should be submitted every school year as needed. Unless this form is completed and returned, we assume that you give your consent to allow your child to participate in HIV/AIDS and comprehensive sexual health education.

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

1. _____ the HIV/AIDS prevention lessons only
2. _____ all of the Family Life and Sexual Health Education lessons (FLASH)
3. _____ 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: _____