

## Parent/Guardian Consent Form Maturation Instruction for 5<sup>th</sup> Grade Students

Dear Parent/Guardian:

As part of your child's education, he/she will be invited along with their parents/guardians to attend a maturation program of instruction. The maturation instruction program will be held at:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location \_\_\_\_\_.

The 30-minute video presentation covers the objectives below:

- Identification of body changes that accompany puberty which includes a description of the basic structures of the male or female reproductive systems and functions.
- Identify behaviors that contribute to healthy body image (posture, hygiene, exercise, diet).
- Describe basic structures of the reproductive and endocrine systems and identify their functions.
- Recognize physical, social, and emotional changes that occur during puberty and adolescence and ways to manage these changes in a healthy manner.
- Identify characteristics of teasing, bullying, harassment, and inappropriate contact.
- Identify trusted adults (e.g., parent, relative, teacher, counselor, clergy) to talk with about puberty.

PARENTS: Under State Law, your child cannot participate in the maturation instruction specified unless and until this signed letter of permission is returned to your son/daughter's teacher. All information that will be presented to the students in the maturation presentation has been approved by the District Curriculum Review Committee and the Davis School District Board of Education. It is available online for you to preview. <https://www.davis.k12.ut.us/academics/health/elementary-health>

### Options: Please circle a single choice.

1. I grant permission for my child to participate in the maturation discussions as described above.
2. Prior to deciding, I will contact you at the school within the next two weeks to arrange a time to discuss the planned curriculum and review the materials.
3. I DENY permission for my child to participate in any of the maturation discussions as checked in the box above. I understand my child will not be involved in the maturation presentation. If the presentation is held during the school day my child will instead be provided a safe, supervised place and receive an alternate activity.

### **Please Sign and Return this form to your child's school**

I have read this form and have chosen (checked) one option indicated above.

Parent/Guardian \_\_\_\_\_

Signature \_\_\_\_\_

Phone Number \_\_\_\_\_

TEACHERS: Parents must receive this form no later than two weeks prior to the beginning of the maturation presentation at your school.