

PARENTAL PERMISSION FOR SENSITIVE HEALTH EDUCATION INSTRUCTION

Understanding that some health education topics relate to sensitive issues, the Board of Education respects the rights of parents to decide whether or not their children will be excused from instruction under certain conditions. Parents are to be notified in writing by the school principal before sensitive health instruction is delivered.

The notification should be timely, to allow parents an adequate amount of time to review instructional materials, or meet/communicate with the teacher. An information letter will be sent out to parents at least two weeks in advance of the lesson. Ample time to collect permission slips is to be allowed.

The notification is to be specific because parents need to know what topical issues will be taught and the types of instructional activities to be encountered. For many parents, the notification will be their only acquaintance with the lesson. It should communicate respect for family values in addition to promoting health education.

The school principal, in collaboration with the Director of Health Education, is responsible for parent notifications and for parental responses. The principals' letter shall indicate that parents have the right to excuse their children from receiving the health education unit(s). It will further indicate that if the parental permission form is not received, their children will receive the instruction as outlined. Excused students are to receive alternative instruction in health education. A master list of all students excused from the health education unit(s) will be kept on file at each building.

Policy Adopted:
August 27, 1990

Policy Revised:
December 16, 1991

Policy Revised:
March 21, 2022

Administrative Regulations

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The following serve as examples of correspondence with parents.

SAMPLE LETTERS

Dear Parent or Guardian:

For many years, the Patchogue-Medford School District has provided instruction on Human Growth and Development to the students enrolled in the seventh-grade health education course. This highly successful maturation lesson is designed to prepare the students for the physical, emotional, and social changes that occur during adolescence. The lesson is scheduled to take place on (*DATE*) for students enrolled in Health Education classes.

The health education course also includes a lesson on HIV/AIDS. This program provides accurate, age-appropriate lessons on the nature, transmission, and prevention of this disease. The prevention portion of this unit stresses abstinence as the most effective and appropriate premarital protection against HIV/AIDS.

All children will participate in the maturation lesson and HIV/AIDS lesson, unless otherwise informed by the child's parent or guardian. If you DO NOT want your child to participate it is necessary that you complete the attached form and have your child return it to the Health teacher by (*DATE*). If we do not receive a form from you, we will assume this means you grant authorization, and your child will receive the health instruction as outlined. An alternate health education activity will be arranged for those students who do not have parental permission to participate in the maturation lesson, and whose parents have agreed to provide this instruction at home.

If you have any questions about the maturation lesson, or any aspect of the health education program, please contact your child's health teacher.

Sincerely,

Principal
Director of Health

Parental Permission for Sensitive Health Education Instruction Administrative Regulations
(Continued)

Dear Parent or Guardian:

The district's HIV/AIDS curriculum for grade 4 has been successfully implemented over the years in accordance with guidelines provided by the New York State Education Department. This curriculum promotes positive health behaviors, refusal and safety skills, self-esteem and respect for privacy. It stresses abstinence as the most appropriate and effective premarital protection against HIV/AIDS.

New York State law requires school districts to provide accurate, age-appropriate information to pupils concerning the nature of HIV/AIDS, the methods of HIV transmission and the methods of prevention of this disease. Parents have the right to remove their children from the prevention lesson of this program, provided that they submit a written request to the school principal with an assurance that the pupil will receive such instruction at home. The attached letter may be used for this purpose. It should be noted that the only methods of prevention taught in grades 4 through 6 are abstinence from illicit drug use (grade 4) and abstinence from close relations (grades 5 and 6). In grade 4, the HIV/AIDS lessons will be taught by a certified health teacher and will begin in December and run through March, as per your child's elementary health schedule. Should you wish to review the materials that will be discussed, please feel free to contact your building principal.

All children will participate in the HIV/AIDS lessons, unless otherwise informed by the child's parent or guardian. If you DO NOT want your child to participate it is necessary that you complete the attached form and have your child return it to the classroom teacher by (DATE). If we do not receive a form from you, we will assume this means you grant authorization, and your child will receive the health instruction as outlined. An alternate health education activity will be arranged for those students who do not have parental permission to participate in the maturation lesson, and whose parents have agreed to provide this instruction at home.

Thank you for your continued support of our educational programs.

Sincerely,

Principal

Director of Health

6155-R

**Parental Permission for Sensitive Health Education Instruction Administrative Regulations
(Continued)**

Dear Parent/Guardian:

As in the past, Patchogue-Medford High School has offered the highly successful Family Life, Human Reproduction, and Sexually Transmitted Diseases units in its health classes. These units are designed to provide students with information that will encourage thoughtful and responsible behavior. I am pleased to inform you that as part of the health education course this instruction will be offered for the health students. As you read the enclosed outline you will see that the classes will cover a variety of topics. The health education teacher will respond to questions raised by the students.

If you **DO NOT** want your child to participate in the Family Life, HIV/Aids Prevention and the contraception portion of the Human Reproduction instruction, **it is necessary that you complete the attached form and return to your child's teacher by (DATE)**. An alternate health education activity will be arranged for those students who do not have permission to participate in these health topics.

Should you have any questions, please do not hesitate to contact your child's health teacher.

Thank you for your continued support of our educational programs.

Sincerely,

Principal
Director of Health

Parental Permission for Sensitive Health Education Instruction Administrative Regulations
(Continued)

SAMPLE RESPONSE FORM

Attachment

Name of Student: _____

Teacher: _____

Dear Principal:

I have received the letter from (name of Director of Health Education and/or Principal) offering my child the opportunity to participate in the (name of the unit/lesson being covered) during the assigned health education class. This instruction is scheduled to take place on (date) for students enrolled in the health education classes.

Maturation Unit(s)

_____ I **DO NOT** give permission for my child to participation in the Maturation Unit. I will provide my child with that instruction at home and understand that child will be assessed on his/her knowledge of this material. I request that an alternate health education activity be offered to my child during the time the other students are participating in the Maturation Unit.

HIV/AIDS PREVENTION LESSON

_____ I **DO NOT** give permission for my child to participate in the HIV/AIDS Prevention lesson. I will provide my child with that instruction at home, and understand that my child will be assessed on his/her knowledge of this material. I request that an alternate health education activity be offered to my child during the time the other students are participating in the HIV/AIDS Unit.

Sincerely,

Signature of Parent or Guardian

Date

Please have your child return to (insert name) no later than (Date)
6155-R

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(Continued)

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