



Dear Parent/Guardian:

Moore Public Schools Nursing staff and/or certified Science teacher will be presenting information on AIDS Prevention Education, as required by state law, to students in 7th grade and Biology. The objectives of this curriculum, resources to be used, and time limits are listed below.

General Objective: To provide students appropriate information about Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). HIV/AIDS Awareness Education will provide factual up-to-date information on the forms of the disease, the methods of transmission, and prevention of HIV & AIDS.

Time Frame: One class period

Curriculum/resources: The information will be presented by MPS staff; school nurses or certified science teachers only.

The HIV/AIDS Power Point that will be presented to students was produced through a collaborative effort between the Oklahoma State Department of Education (OSDE) and the Oklahoma State Department of Health (OSDH).

All 7th grade and Biology students will participate in the AIDS Prevention Education instruction unless we are notified otherwise in writing. If you **DO NOT** want your child to be included in these discussions, please complete the form below and return to your child's school.

Your continued support for your child's education is appreciated. Please feel free to contact you child's science teacher, school nurse, or the district science coordinator if you have further questions regarding this curriculum.

If you were unable to attend the parent meeting, you can preview the presentation on the MPS Health Services page, under Growth and Development - scroll to the end of the page:

<https://www.mooreschools.com/departments/special-services/health-services/growth-and-development>

(*Students in functional programs will not participate in this presentation)

Please complete this form only if you **DO NOT** want your child to be included. You may send a signed copy electronically via email or have your child return this form to his/her science teacher before the day of the scheduled presentation.

_____ I do not want my child to be included in HIV/AIDS Awareness Education.

Child's Name (please print)

Parent/Guardian's Signature

Date

Science Teacher's Name

School