

KENTUCKY TECH
Content Notification and Permission Form

This permission slip must be completed and signed by the student's parent or guardian for the student to participate in any discussions, lectures, or assignments related to human sexuality or sexually transmitted diseases. This form must be sent at least two (2) weeks prior to any content of this nature being present in classroom instruction. Per KRS 158.1415, if this permission slip is not signed, the student must receive alternate instruction.

To be completed by the instructor:

School: _____ Instructor: _____

Instructor e-mail and phone: _____

Administrator designated with oversight of program: _____

Course: _____

Description of content: _____

Date(s) the course, curriculum, or program is scheduled to begin: _____

Description of alternate assignment (if this form is not signed): _____

Student/Guardian Information: Course materials are **not required** to be reviewed, but if parents/guardians of participating students would like to review the course materials, please inform the instructor before signing this permission slip, and the instructor will make available for review the following materials: curriculum; instructional materials; lesson plans; assessments or tests; surveys or questionnaires; assignments; and instructional activities.

*If the parent/guardian approves of the instruction, please sign and date below either with an electronic signature or print this form to sign. Per KRS 158.1415, if this permission slip is not signed, the student must receive alternate instruction. **Please note that restricting your students' access to the full curriculum (i.e., direct interaction with or observation of a resident's body), will not affect his/her ability to pass the class for credit at the high school level, but your student will not be permitted to sit for the certification examination offered at the completion of the MNA course and cannot be enrolled in dual credit per KCTCS requirements.***

Student Name: _____

Parent Name: _____

Parent Signature: _____ Date: _____

