(Place on School Letterhead)

Dear Parent(s):

Davidson County Schools provides a comprehensive health education program to all students based upon the standards developed by the North Carolina Department of Public Instruction. The standards focus on the importance of healthy relationships and obtaining medically accurate information. During your child's fifth grade year, a portion of this program includes developing an understanding of the reproductive systems of both males and females.

With your permission, your child will participate in the health and puberty education unit during the fourth quarter of this school year. This unit was developed with a committee of district leaders, educators, parents and health personnel, and can be accessed on our school's website for your review. A hard copy of the unit will be provided upon request.

Detach and return the permission slip at the bottom of this letter to your child's teacher.

Please contact me if you have any questions regarding this unit.

Sincerely,

Principal

Name of Student _____

School_____

Teacher Name _____

_____ I give permission for my son/daughter to participate in the Health and Puberty Education unit.

_____ I *do not* give permission for my son/daughter to participate in the Health and Puberty Education unit. I agree that my child will complete the unit under my supervision using the materials located on the DCS website. I understand while my child's classmates are participating in the Health and Puberty Education lessons that my child will complete an alternate health assignment in a separate instructional setting.

Parent Signature _____