Reproductive Health and Disease Prevention Education Parent Opt Out Form

Florida Statute §1003.42 requires instruction in reproductive health and disease prevention as part of a comprehensive health education program. The SCHOOL BOARD OF BROWARD COUNTY, FLORIDA (SBBC), has authorized the use of supplemental Reproductive Health and Disease Prevention lessons, including instruction in HIV/AIDS prevention as a component of health education.

SBBC respects the rights of parents and their role in the education of their children. According to Florida Statute §1003.42(5), "any student whose parent makes written request to the school principal shall be exempted from the teaching of reproductive health or any disease, including HIV/AIDS, its symptoms, development, and treatment. A student so exempted may not be penalized by reason of that exemption."

Only if you wish for your child to be excused from attending this course, should you complete the form below and return it to the school. Your child will then be scheduled into an alternative assignment during the Reproductive Health and Disease Prevention lessons.

We appreciate your interest and cooperation in the implementation of our comprehensive health education program.

The Reproductive Health and Disease Prevention lessons will be presented by District trained teachers selected by your school principal and may include presentations from District approved experts in the field of sexually transmitted infection prevention as a supplemental resource.

You may review the curriculum content and instructional materials by visiting the homepage of the District's website at www.browardschools.com or by scheduling an appointment with your child's school.

Note: Please initial the line below and sign the bottom of the form, to exempt your child from participation in the curriculum for the 2026-27 school year. Please note that this exemption form is required annually and must be completed and submitted to the school no later than five days prior to the start of the lessons. Failure to submit the form to the school constitutes permission for your child to participate in the Reproductive Health and Disease Prevention curriculum.

_____ I **DO NOT** want my child to participate in the supplemental reproductive health and disease prevention education lessons.

Student Name:_____ Student Grade: _____

Parent's/Guardian's Printed Name: _____

Parent's/Guardian's Signature: _____