

Fifth Grade Puberty Education Permission Form

Please complete the form below and return it to your child's teacher by

_____ .

_____ **HAS permission** to participate in the
(Child's Name)

Puberty Education unit of the Health Education curriculum.

OR

_____ **DOES NOT HAVE PERMISSION** to participate
(Child's Name)

in the Puberty Education unit of the Health Education curriculum.

Parent/Guardian Signature

Date

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