Dear Parent or Guardian,

We will soon begin a meaningful unit in the health education curriculum entitled Sexual Health. Due to the sensitive nature of this instruction, as directed by Maryland State Regulations (COMAR 13A.04.18.01), “students may be excused from this unit of the program upon a written request from their parents/guardians”. To assist you in making a decision about your child's participation in this unit, you may contact your child's health education teacher to make arrangements to preview the instructional materials that will be used in the classroom.

Attached you will find a list of the objectives for this unit. Please complete and return the exclusion form below only if you do NOT wish to have your child participate in the Sexual Health curriculum.

As always, we support you as the primary educator of your child with regard to sexual health and value your ability to place this information in a moral context.

Any student who has been excused from this unit of instruction will be provided with an independent alternative, the Health Education Enrichment Packet. The length of time spent on the alternate lessons will be the same number of days as will be spent on the unit. More information will be sent home with students who are excused.

Sincerely,

Health Education Teacher

_________________________________________________________

SEXUAL HEALTH UNIT EXCLUSION FORM

Complete and return this form ONLY for EXCLUSION from the unit. No form is needed for a child to be included in the unit.

Student Name _____________________________________________ Date ________________

I wish to have my child, EXCLUDED from the Sexual Health unit of the Health Education curriculum.

Parent/Guardian Signature ___________________________________________

Parent/Guardian Name _____________________________________________

Parent/Guardian Contact Number/Email: ____________________________

HCPSS Office of Health Education; Revised 9/2017