

## Pre & Early Adolescent Health Education OPT-OUT Permission Slip Grades 4-8

Dear Harmony Parent/Guardian,

The health and safety of children is of fundamental importance to our community. Health education, including lessons on self-care and the dynamics of growth and change from pre-adolescence into adulthood, are important for the well-being and security of children. Harmony Union School District provides lessons for grades 4-8 on healthy relationships, safety and harm prevention as well as medically accurate information on physical development, reproduction and sexual health. Presentations encourage students to communicate with parents, guardians and other trustworthy adults about their own health and understanding of adolescent development and human sexuality.

Lessons and scope of content are structured to be age-appropriate for each grade level and are inclusive of all students. Topics covered in lower grades (4-6) cover the following topics:

- Healthy Relationships & Communication
- Abuse & Bullying, and Developing a Circle of Trust
- Anatomy & Reproduction
- Puberty (grades 5 and 6)

Topics in 7<sup>th</sup> and 8<sup>th</sup> grade include the above lessons and expand to include issues that impact sexual health including consent, sexually transmitted infections/HIV, contraception and prevention. The California Healthy Youth Act (Ed Code 51930-51939), requires that comprehensive sexual health education and HIV prevention education be provided to students at in middle school and high school, starting in grade 7. Lessons are provided by staff from the Forestville Teen Clinic, a project of West County Health.

All students participate in health lessons unless otherwise notified by parents/guardians. The first presentation on January 8<sup>th</sup> addresses healthy relationships in a general context. Opt-Out forms for further content are due by January 13.

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### **This permission slip is opt-OUT**

**Please return this slip to the school if you DO NOT WANT your child to participate. If the school does not receive this slip opting OUT of the lessons, your child will participate. There is no need to return a form if you consent to your child's participation.**

Student's Name: \_\_\_\_\_

I do **not** give permission for my child to take part in the reproductive health classes offered by the Forestville Teen Clinic

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_