

Reproductive Health Permission Slip Forestville Teen Clinic Opt-Out Permission Slip

The Harmony Union School District Board of Education and school faculty members understand that a student's understanding of their health is important for their well-being. Our students benefit from instruction that fosters the development of positive health behaviors and prevention of negative unhealthy behaviors. HUSD's health, puberty, and sexuality education curriculum focuses on essential information that supports students' well-being with progressive levels of content as they mature through the grades. This course of study conforms strictly to the guidelines provided by the Health Framework and Standards for California Public Schools, and the California Healthy Youth Act. In addition to fundamentals of reproduction, puberty and healthy relationships presented in grades 3-6, grades 7 and 8 the program includes comprehensive sexual health education and HIV prevention.

State Ed Code allows you to remove your child from Health, Puberty, and Sexuality lessons. Students opting out of lessons will be provided alternate curriculum during the time of presentations. If you do not want your student to participate in the Health, Puberty, and Sexuality education program, please return the opt-out permission form below.

Course Description:

Presentations encourage students to communicate with parents, guardians or other trusted adults about human sexuality. Instruction is medically accurate, age-appropriate and inclusive of all students. Topics covered in grades 3-6 include human development, puberty, healthy relationships and boundaries. Topics in grades 7 and 8 include consent, contraception, sexually transmitted infections, and HIV/AIDS.

The dates of presentations by the Forestville Teen Clinic for 2021-2022 school year are: 3^{rd} grade Jan 12 & 19; 4^{th} grade Jan 13 & 20; 5^{th} grade Jan 14 & 21, 6^{th} grade Jan 13 & 20; 7^{th} & 8^{th} grade Jan 6, 13, 20 & 27

This permission slip is an opt-out permission slip. It is returned to the school ONLY if you do NOT want your child to participate. If the school does not receive a slip, the child will participate.

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:_____

Please return this form to the school office or via email (sheron@harmonyusd.org) by January 10, 2021. If you have any questions, please call the school @ (707) 874-1205 or email mmorgan@harmonyusd.org. You mayrequest a copy of the California Healthy Youth Act (California Education Code Sections 51930-51939) by contacting the office.

Harmony Union School District • 1935 Bohemian Hwy • Occidental, CA 95645 • 707-874-1205