

PARENT PERMISSION SLIP: **6th Grade Health - Family Life Unit**

Dear Parents/Guardians:

We will be providing an opportunity for your child to participate in a family life unit as part of the sixth grade health education curriculum.

You are invited and encouraged to review all of the materials used, and ask questions you may have during the Parent Preview.

We believe that communication between parents and their children about these important topics is vital. To this end, an opportunity to meet the teacher and preview all materials will be held on:

Date and Time

We hope you will attend this meeting. Please feel free to contact your child's teacher if you have any questions. For additional copies of the family life permission slip and other resources please visit: <http://education.fcps.org/healthpek12/>. Those students who do not have permission to participate in the family life unit will be provided alternate assignments and typically will complete the alternate work in a different classroom.

State regulation requires students who opt out of family life instruction receive materials related to menstruation. Your student will be provided a short packet of information related to menstruation. You can preview the packet here:

https://education.fcps.org/healthpek12/sites/healthpek12/files/yourfirstperiod_especiallyforteens.pdf

A parent packet was created to help you talk to your student about menstruation. You can access the resource here:

https://education.fcps.org/healthpek12/sites/healthpek12/files/menstruation_packet_for_parents.pdf

Please complete and return the following section only:



As the parent/guardian of _____, I _____
Student name Printed parent/guardian name

- GIVE my permission to participate in the 6th grade Family Life Health Unit**
- DO NOT give my permission to participate in the 6th grade Family Life Health Unit**

Signature of Parent/Guardian

Date