

PARENT PERMISSION SLIP: **8th Grade Health - Family Life Unit**

Dear Parents/Guardians:

We will be providing an opportunity for your child to participate in a family life unit, including sexually-transmitted infection and HIV & AIDS prevention instruction, as part of the eighth grade health education curriculum. This unit, which is abstinence-based and age-appropriate, builds upon the information that the student has received in previous classes. Teachers emphasize communication skills, decision-making skills, and resistance skills to help students deal with peer pressure. During this unit, appropriate factual questions will be answered.

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:

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/> and then click on the Parents/Community, and select Family Life Resources from the pull down menu. 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 8th grade Family Life Health Unit.**
- DO NOT give my permission to participate in the 8th grade Family Life Health Unit.**

Signature of Parent/Guardian

Date