**Parental Permission Form – Reproductive Health & Safety**

ISS’s health curriculum for the 9th grade “Making Responsible Life Choices” will include topics required by the North Carolina Healthy Youth Act of 2009. The complete bill and a preview of the modules in this curriculum can be found on the ISS website: Departments/Curriculum and Instruction/PE and Health/ Resources for Parents.

Information will be provided to students on the following topics:

* Abstinence is the only 100% way to prevent pregnancy or STD’s.
* The importance of making responsible life choices.
* How sexually transmitted diseases are and are not transmitted.
* The effectiveness and safety of all federal Food and Drug Administration (FDA)-approved methods of reducing the risk of contracting sexually transmitted diseases,
* The effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy.

*\* Your student’s health teacher has all materials available for review. Please contact them directly if you would like to schedule an appointment to preview materials.*

**PARENTAL PERMISSION IS REQUIRED FOR ALL STUDENTS TO RECEIVE THIS INSTRUCTION**

**Please read and complete the following section:**

For your student to receive this instruction please sign and return this form to your student’s health teacher.

\*\*If you would prefer to email your permission, please email your student's health teacher at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Include your name and student’s name and a sentence giving your permission for them to take part in the “*Making Responsible Life Choices”* curriculum.

**If permission is not received either through this form or through email, the student will not take part in these lessons** **and will be given an alternate assignment determined by the health teacher.**

Questions and concerns should be addressed through your student's health/PE teacher or principal.

Student’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I attest that I have read this form and understand the topics that will be covered during the “*Making Responsible Life Choices*” curriculum. Please initial and sign.

\_\_\_\_\_My student **may** participate in these classes. \_\_\_\_\_\_My student **may not** participate in these classes.

Parent/Guardian’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this signed form no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If no form or email is received it is assumed that you do not want your student in the classes.