Healthy Choices Relationship Unit Permission Slip

Today’s teens are often faced with pressure to be sexually active. Our school includes “sex education” as part of our Health Education curriculum in order to provide students with the knowledge and skills to make choices that maintain their health. Students have already received instruction in the related skills of accessing valid information sources, identifying influences on their health choices, healthy decision making, goal setting, and how to say no to risky behaviors.

I will offer instruction related to healthy relationships and reproduction at the end of the semester. The following topics are included in this Healthy Choices unit:

* Physical, emotional, mental & social benefits of abstinence until marriage
* Healthy relationships: communication, caring, respect, commitment
* Effective and assertive communication of boundaries
* Male and female reproductive systems
* Prenatal development
* Sexually transmitted infections

I will be using BCSC-approved curriculum materials for instruction. Emphasis will be placed on abstinence and communication skills in relationships. Your 7th or 8th grader will have a multi-page packet for notes, and will include a brief homework component to be completed by students and parents collaboratively. I encourage you to discuss with your student the information shared in class.

All students must have parental consent prior to participating in the Healthy Choices curriculum, in accordance with a new Indiana law. Please complete and return the permission slip to your student’s teacher. If you have questions or wish to view instructional materials, please contact Cassie Brooks, Health/PE Department Head, at cbrooks@brownsburg.k12.in.us.

Thank you,

(teacher name and contact info)

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**Please return this slip by Wednesday, May 8, or email teacher.**

**Student Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ I give permission for my student to participate in the Healthy Choices unit.

\_\_\_\_\_\_ I **do NOT** give permission for my student to participate in the Healthy Choices unit. I understand he/she will not be present in the classroom and must complete an independent, graded assignment (with a provided rubric) on a different health topic.

**Parent Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_