

## PASSIVE PARENTAL PERMISSION FORM

Dear Parent,

Our (Health/PE) class will be participating in the \_\_\_\_\_ program.

Some of the topics discussed may include:

- HIV terms and definitions
- The immune system and HIV
- Bodily fluids included in transmission of HIV
- Most common sexually transmitted diseases
- Hepatitis C
- Identification of risky behaviors for acquiring HIV
- Prevention strategies against HIV and sexually transmitted diseases
- Substance Abuse

The goal of utilizing this program in class is to educate students on risky behaviors and how to reduce these risky behaviors. Teachers who have been trained by the state to do these types of presentations will conduct the program themselves. No harm should come to any of the students, but if you have any questions or concerns please contact us at:

Address or Phone  
Or E-mail

Please read the section below. If you do not want your student to participate in this program, check the box, sign and date the form and return the form to the school no later than \_\_\_date\_\_\_. Signing and returning this will release your student from participating in this program. If you have no objections to your child participating in this program then you do not have to return any form and we thank you for your support.

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Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_

I have read this form and understand the program.

[ ] My child **may not** take part in this survey.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_