

Topic Exclusion Form

Human Sexuality/Sexually Transmitted Diseases

Date:	Time:
Instructors:	Parent Initials:

Stress Management

Date:	Time:
Instructors:	Parent Initials:

Personal Safety

Date:	Time:
Instructors:	Parent Initials:

Death and Dying

Date:	Time:
Instructors:	Parent Initials:

Substance Abuse

Date:	Time:
Instructors:	Parent Initials:

Bree's Law: Teen Dating Violence and Prevention (7th - 12th grade)

Date:	Time:
Instructors:	Parent Initials:

Erin's Law: Sexual Abuse and Sexual Assault Awareness and Prevention (K - 12th grade)

Date:	Time:
Instructors:	Parent Initials:

Other:

Date:	Time:
Instructors:	Parent Initials:

I understand I can discuss the above health topics and materials with the teacher and understand that I am welcome to participate in the instruction if I wish.

I hereby request that my child(ren), _____ be excluded from instruction in the above indicated area(s). I understand my child will not be penalized for not participating in this instruction.

Parent Signature:	Date:
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