

Libby Center/Odyssey

Human Growth and Development, Personal Safety, and HIV/AIDS Education
Program Exclusion Forms

Please review and sign for each area you'd like to have your student excluded.
If you would like your student to participate, you do not need to do anything.

Human Growth and Development: If you have examined the Human Growth and Development and you prefer that your child not participate in the HGD unit, please complete the form below and return it to school with your child. Your request will be honored without embarrassment to your child.

I prefer that my child (student's name) _____ not study the unit on Human Growth and Development.

Grade _____ Teacher's name _____

Parent/Guardian Signature _____ Date _____

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Personal Safety: These lessons include Internet Safety, as well as, maintaining safety with strangers and friends, recognizing appropriate and inappropriate touch, saying "No!" to inappropriate touching, and identifying sources of help and support available to children. If you wish to see the Internet Safety information, we encourage you to log onto www.NetSmartz.org. Washington State administrative code (RCW 28A.300.160) for primary prevention programs for child abuse and neglect, states that parents have the right to exclude their children from participation in the Personal Safety Curriculum.

I prefer that my child(student's name) _____ not study the unit on Personal Safety.

Grade _____ Teacher's name _____

Parent/Guardian Signature _____ Date _____

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HIV/AIDS Education: The Washington State AIDS Omnibus Bill states that exclusion of a child from the HIV/AIDS Prevention Education unit requires: a) Participation in an HIV/AIDS Education Preview Program and b) A written request from the parent/guardian to exclude a child from the HIV/AIDS Education unit.

Parents/guardians who exclude their child from the HIV/AIDS Education Program are required to complete the following statement and return the signed certificate to the child's school within one month after viewing the preview program.

I request that my child _____
Name School Grade

Be excluded from the HIV/AIDS education in the public schools. I assume the responsibility for the education of my child in the area of HIV/AIDS education.

Parent/Guardian Signature

Date

Telephone Number _____