



HIV Prevention Education Program Parent Permission Form

Dear Parent/Guardian,

The Kansas City, Missouri School District, through its policy JHCCA, does not require parental/guardian permission for students to participate in the HIV prevention education classes to be taught in all School District schools. Therefore, the School District requests that you review the enclosed information and complete the attached form indicating your preference for your child to participate in the HIV prevention education classes. Once completed, please return this form to your child's school principal.

The goals of the HIV prevention education are to promote healthful living and discourage the behaviors that can put a young person at risk of contracting HIV. The Kansas City, Missouri School District has developed a program that is:

1. Taught at every level, k-12, using age appropriate curriculum;
2. Follows the content guidelines prepared by the National Center for Disease Control and Prevention (CDC);
3. Respects the students' developmental levels, behaviors and cultural backgrounds;
4. Stresses the benefits of abstinence from sexual activity, alcohol and other drug use;
5. Taught by well-prepared school and community instructors, with medical support; and
6. Involves parents and families as partners in education.

The HIV prevention class follows the State standards for abstinence education. Birth control is not taught to students.

Parents and guardians will have an opportunity to preview all HIV prevention curriculum and materials at the school.

We look forward to working with you to prepare your child for a healthy, successful future.

I have read the above letter and am aware that I may preview the materials to be studied by my child, _____, Date of Birth _____, Student ID _____.

_____ Yes, my child has my permission to participate in the HIV prevention education program.

_____ No, I do not want my child to participate in the HIV prevention education program.

Parent/Guardian Signature

Date