

**RETURN THIS FORM ONLY IF YOUR CHILD WILL NOT PARTICIPATE IN THE WORTH THE WAIT SEX EDUCATION PROGRAM.**

**THIS FORM MUST BE RETURNED TO THE SCHOOL NURSE'S OFFICE BY FRIDAY, APRIL, 9TH. PLEASE CHECK AND SIGN BELOW IF CHOOSING TO OPT OUT:**

\_\_\_\_\_No, I do not give permission for my child to participate in the Scott and White, Worth the Wait, sex education instructional program.

I understand that he/she will not be allowed to remain in the classroom while the curriculum is being taught and that he/she will receive alternative lessons deemed appropriate by the school.

\_\_\_\_\_                      \_\_\_\_\_  
Student's name                      Grade

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Parent/Guardian name (print)                      Parent/Guardian Signature                      Date

Thank you,  
Jenifer Hernandez, R.N.  
School Nurse