Dear Parents/Guardians,

We would like to inform you of the opportunity for your child to participate in our HIV/AIDS unit, mandated by the State, which will be taught in the coming weeks. This unit is based on the philosophy that parents are the primary sex educators for their children. We see the role of the school as supporting and supplementing the parents’ role by presenting the facts and encouraging the students to discuss what they hear in class with parents at home.

Our aim is to address many of the myths and misconceptions that students have about HIV/AIDS, much of which comes from peer interactions and is not based on knowledge. The school takes the stand that the only 100% guarantee of not contracting HIV/AIDS is abstinence.

Within the coming weeks your child will learn the difference between communicable and non-communicable diseases, what HIV/AIDS is, how the virus is and is not transmitted, and behaviors that can reduce the risk of contracting this and other communicable diseases.

If you have any questions, comments or suggestions do not hesitate to call the school or me at ________________________________.

Thank you,

Please fill out and return the consent form below.

Please check the appropriate box below:

☐ YES, my child __________________________________ may partake in the HIV/AIDS unit presented by his/her school.

☐ NO, I would prefer my child ________________________________ not partake in the HIV/AIDS unit.

Parent Name ________________________________ Phone #: __________________

(Please Print)

Signature __________________________________________