

# Utah State Board of Education

## Parent/Guardian Consent Form

### Maturation Instruction

*Parents must receive this form no later than two weeks prior to the beginning of instruction*

Date of Planned Instruction: \_\_\_\_\_ Name of Student: \_\_\_\_\_

Course: \_\_\_\_\_ Teacher(s): \_\_\_\_\_

School: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Dear Parents/Guardian:

As part of your child's education, he/she will be invited along with the parents/guardians to participate in a maturation program of instruction, which includes Health Core Standards outlined by the Utah State Board of Education. Utah rule requires parental consent for instruction on maturation (R277-474-5).

Please read the form carefully, select **one option**, sign, and return to the teacher above. Your student will not be allowed to participate in class activities without this completed and signed form on file.

Thank you.

*Presentation Outline for Physiology, Reproductive Anatomy, and Reproduction:*

- Explain how the timing of puberty and adolescent development varies, including that there is a wide range of what is healthy or typical.
- Describe the basic structures of the reproductive and endocrine systems and identify their respective functions.
- Describe the body changes that accompany puberty and how puberty prepares human bodies for reproduction.
- Explain the physical, social, and emotional changes that occur during puberty and adolescence and healthy ways to manage these changes
- Identify trusted adults (for example, parent, guardian, relative, teacher, counselor, clergy) to talk with about puberty.

Options: Please read and check only one of the following. Parents are invited and encouraged to attend.

- Option 1:** I grant permission for my child to participate in the maturation discussions as described above.
- Option 2:** Prior to deciding, I will contact you at the school within the next two weeks to arrange a time to discuss the planned curriculum and review the materials
- Option 3:** I DENY permission for my child to participate in any of the maturation discussions as checked in the box above. I understand my child will not be involved in the maturation presentation. If the presentation is held during the school day my child will instead be provided a safe, supervised place and receive an alternate activity.

Please sign and return form to verify you reviewed it and have chosen one option from the preceding list.

**Parent/Guardian Signature:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_