Health Curriculum Opt Out Form  
Unit 5 - Self Worth, Mental & Emotional Health

Student Name: ______________________________ Student Grade: ___________

Student’s Teacher: __________________________

Student’s School: __________________________

Parent Name(s): ____________________________________________________

Parent Phone Number(s): _____________________________________________

Parent Email Address(es): _____________________________________________

Please read below and select all that apply:

☐ I am choosing to opt out of the district adopted health curriculum for Unit 5 and would like my child to be given an alternate activity during the time of instruction for all lessons.

☐ I have previewed the curriculum associated with this unit.

☐ I have told my student that they will not be participating.

Parent Signature:_______________________________ Date:______________