Health Curriculum Opt Out Form
Unit 8 - Disease & Illness Prevention

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 8 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:_____________