

## Maturation Permission Letter

Date \_\_\_\_\_ Time \_\_\_\_\_

### TEACHERS:

*Parents must receive this form no later than two weeks prior to the beginning of the maturation presentation at your school.*

### PARENTS:

*Under State Law, your child cannot participate in the maturation instruction specified unless and until this signed letter of permission is returned to your son/daughter's teacher.*

*All information that will be presented to the students in the maturation presentation has been approved by the District Curriculum Review Committee and is available online for you to preview.*

<https://www.davis.k12.ut.us/Page/384> *The curriculum for this course includes instruction about reproductive anatomy and health. Only age appropriate, factual, unbiased material will be provided by school nurses or those individuals who have been authorized by the District Curriculum Review Committee.*

### PARENTAL OPTIONS:

Please read and check one of the following:

- I grant permission for my child, \_\_\_\_\_, to participate in the maturation presentations.
- I WILL BE \_\_\_\_\_/ I WILL NOT BE \_\_\_\_\_ attending the maturation presentation given by the school nurse and/or other District authorized instructor. (Parents are encouraged to attend if at all possible.)
- I DENY permission for my child, \_\_\_\_\_, to participate in the maturation presentations. If a student is exempted from the course material required by the Board Approved Core Curriculum, the parent shall take responsibility, in cooperation with the teacher and the school, for the student learning the required course material. (State Board of Education Rule 277-474-5D)

### PLEASE SIGN AND RETURN:

I have read this form and have chosen one option indicated above.

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

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