

**FAMILY LIFE AND HUMAN SEXUALITY AND
DISEASE PREVENTION AND CONTROL
PERMISSION FORM**

Student Name: _____

Daytime Phone Number of Parent/Guardian: _____

Please check YES or NO for each of the questions below.

I give permission for my student to receive instruction on Family Life and Human Sexuality. YES _____ NO _____

I give permission for my student to receive instruction on Disease Prevention and Control. YES _____ NO _____

Signature of Parent/Guardian

Date

Please complete and return this form to Ms. Katie Becker (Katie_E_Becker@mcpsmd.org) no later than Thursday, September 19, 2019.

* If this form is not returned, your student will receive instruction on FLHS and DPC including HIV/AIDS. Thank you for your cooperation.