SCHOOL NAME

**Delivery of Physical and Health Education Curriculum**

Dear Parent or Guardian,

Yukon schools teach Comprehensive Health Education as part of the Physical and Health Education curriculum for Kindergarten to Grade 3.

To help students learn how to be safe and healthy, we follow these principles:

* A respectful environment
* Training for teachers
* A culture that supports health
* Clear standards and guidelines to assist teachers in the classroom

The specific Comprehensive Health Learning Standards for K-3 include teaching:

* Names for parts of the body, including male and female private parts
* How to recognize and handle:
	+ appropriate and inappropriate ways of being touched and
	+ a variety of unsafe and/or uncomfortable situations

We understand that some parents/guardians may not be comfortable with their child learning material related to names of body parts in the classroom.

You may choose to opt your child out of the class instruction of the names of the body parts and appropriate/inappropriate touch components of the Physical and Health Education curriculum and deliver this material to your child in an alternative way.

If you wish to opt your child out of class instruction in this area, please check the box below and sign and return this form to the school by DATE.

If you do not sign and return this form to the school, your child will be included in all class lessons for Physical and Health Education.

You can contact the school for more information about these topics, learning outcomes and options for alternative delivery of this material. You can also read more about the Physical and Health Education curriculum at: [www.curriculum.gov.bc.ca/curriculum](http://www.curriculum.gov.bc.ca/curriculum).

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

🞏I want my child to be excluded from classroom instruction in topics related to health and I choose to address these topics with my child at home.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name

Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ Date

Parent or Legal Guardian