Dear Families of Como Park Senior High students,

Your child’s health is important to us, and in our unit Human Relationships and Reproduction we teach comprehensive fact-based health information about a wide range of topics. These topics include:

* **Human anatomy**, physiology and the reproductive system
* **Self-esteem,** empowerment andthe importance of school as a safe learning environment
* **Responsible decision-making** that honors personal and family values and goals
* **Healthy and unhealthy relationships** in all aspectsof their lives
* **Effective communication** and interpersonal skills
* **Media influences,** stereotypes and acceptance of diversity

We have expert educators and community experts that ensure our lessons are age appropriate and medically accurate. Our lessons help students make healthy and responsible decisions throughout their lives, by teaching them how to:

* + **Abstain from ~~i~~ntercourse** as the best and most effective way to prevent pregnancy and sexually transmitted infections including HIV/AIDS
  + **Make responsible health decisions** to avoid risky behaviors
  + **Use methods that reduce the risk** of unplanned pregnancy and sexually transmitted infections.
  + **Access medically accurate information** and appropriate health care services

If you have questions about these lessons, please feel free to contact Mr. Morris, our school principal, at (651)293-8800. You may also view the full middle school and high school health curriculum contact Ms. Peterson.

Sincerely,

LynnMarie Peterson

Health Teacher, Como Park Senior High  
651-401-5777

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We support your right to keep your child out of lessons about preventing pregnancy and/or sexually transmitted infections. We will provide alternative assignments for your child, and your decision won’t affect their grade. **Put a check mark on the following line that aligns with your wishes around your child’s education:**

|  |
| --- |
| *Please excuse my child from lessons on:*  *\_\_\_\_\_ Pregnancy Prevention Methods*  *\_\_\_\_\_ Sexually Transmitted Infections* |

*Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*