

AIDS / HIV PREVENTION EDUCATION PERMISSION FORM

The Public Schools of Mansfield will be offering instruction related to Acquired Immune Deficiency Syndrome (AIDS) which will be part of the revised Human Development and Health Education Curriculum adopted by the Mansfield Board of Education on June 30, 2005.

We use a curriculum written by the St. Paul chapter of the American Red Cross, as well as material recommended by the National Association of State Boards of Education and the American Foundation of AIDS Research.

The unit provides basic, age-appropriate information. It is possible that many children have heard of AIDS and need to have clear, accurate facts to address their fears and possible misinformation about the topic.

Unfortunately, our children are growing up in a world where AIDS is now a fact of life. We want to make every effort to keep them safe from this disease. The curriculum starts them in the right direction by teaching simple concepts illustrating that we all need to be responsible for our own bodies, and providing information about things we can do to protect ourselves from many diseases. It is the goal of our program to strike a balance between calming unnecessary fears about AIDS while preparing the children for its potential impact.

The continuum of AIDS education throughout the school years is organized like building blocks. An early and important block is self-esteem. From the earliest age, children need to know that their health is important. Building on that concept, children learn how to take care of their own bodies. In early elementary school, that may mean washing hands or applying a bandage, but as children mature and learn more about their bodies and AIDS, the same principles will help protect them from the AIDS virus.

We encourage parent and family participation in our AIDS education program. To facilitate that process, we ask you to complete the parent/guardian permission form, and suggest you plan to visit our school to review the curriculum and become familiar with the goals and objectives.

If you would like to preview the materials and/or curriculum objectives related to this topic or have any questions or concerns, please feel free to call your school.

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) PERMISSION FORM

Please check off and return to your child's homeroom teacher. Thank you.

_____ I understand age-appropriate AIDS information will be part of the health education program this year and I wish my child to participate.

_____ I do **NOT** wish my child to participate in this component of the health education curriculum.

PARENT(S)/GUARDIAN(S) SIGNATURE

DATE

PRINT CHILD'S NAME

GRADE/CLASSROOM TEACHER