Dear Parents/Caregivers,

Next week we will be starting our Personal and Sexual Health Learning. All materials used will be Ministry and District approved.

Students in grade 10 will learn about contraception (including emergency contraception) and STI’s in a way that is inclusive of all bodies, genders and sexual orientations. The information on healthy relationships will be built upon to include healthy sexual decision-making (for when/if they feel ready), consent as per personal, cultural and family values. Sex and the law will talk further about sexual harassment and violence; sharing intimate images (sexting); sexual exploitation and human trafficking; pornography and online presence/ privacy concerns. Reliable sources of health information and confidentiality in health care settings will be discussed.

If you choose not to have your child participate in these lessons, you are required by the Ministry of Education to provide for alternate instruction of these topics and to provide your child’s school with details as to how your child will complete this learning. You will also need to provide alternate arrangements for your child during this instructional time. Please let me know if this is your intention and how I can support you.

Note: Please encourage your child to share with you the discussion and factual information given during these lessons. The lessons will be informative and taught in a sensitive and respectful manner. Any ethical and moral concerns or questions that may be raised during class will be referred to home for discussion and decision making.

Respectfully,

Teacher’s Name

Please return the form below **if you do not want your child to participate in these lessons**.

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As parent/guardian, I do not wish for my child to participate in classroom lessons on personal and sexual health. I will arrange for my child to have the health curriculum taught by an alternate delivery method.

In choosing an alternate delivery method, I understand that it is my responsibility as a parent/guardian to make the necessary arrangements with my child’s teacher to provide an alternate location for my child during these lessons, as well as details as to how I will ensure my child receives this part of the curriculum.

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

Parent/Guardian Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For an overview of the Supporting Student Health Curriculum K-10, please see:

[Supporting\_Student\_Health\_Elementary.pdf (gov.bc.ca)](https://curriculum.gov.bc.ca/sites/curriculum.gov.bc.ca/files/pdf/subject/phe/Supporting_Student_Health_Elementary.pdf) (pages 39-42

or

[Supporting\_Student\_Health\_Secondary.pdf (gov.bc.ca)](https://curriculum.gov.bc.ca/sites/curriculum.gov.bc.ca/files/pdf/subject/phe/Supporting_Student_Health_Secondary.pdf) (Pages 31-34)