

ESCONDIDO UNION SCHOOL DISTRICT
2018-19 PARENTAL OPTIONS
(Applicable Only for the Current School Year)

PARENTS: PLEASE READ AND COMPLETE THE INFORMATION BELOW AND RETURN IT TO YOUR SCHOOL

Student Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip Code: _____

Telephone No.: _____ Grade: _____

School: _____

Physical Examination

Escondido Union High School District may require physical examinations of students enrolled in the Escondido Union High School District programs or activities. Any physical examination required by the Escondido Union High School District shall be kept confidential. A parent or guardian having control or charge of any child enrolled in public schools may file annually with the principal of the school in which s/he is enrolled a statement in writing, signed by the parent or guardian, stating that s/he will not consent to a physical examination of the child.

- I **do not** want my child to undergo a physical exam for the Escondido Union High School District programs or activities.
- I **grant** consent for my child to undergo a physical exam for the Escondido Union High School District programs or activities.

Sexual Health and HIV/AIDS Prevention Education

Students enrolled in the Escondido Union High School District programs or activities may receive instruction in health education, including comprehensive sexual health education and HIV prevention. Parents or guardians may submit a written request to excuse their child from participation in any class involving comprehensive sexual education or HIV prevention education, or from participation in any anonymous, voluntary, and confidential test, questionnaire, or survey on pupil health behaviors and risks.

- I would like my child **excused** from:
 - Participation in any class involving comprehensive sexual education or HIV prevention education.
 - Participation in any anonymous, voluntary, and confidential test, questionnaire, or survey on pupil health behaviors and risks.
- My child **may**:
 - Participate in any class involving comprehensive sexual education or HIV prevention education.
 - Participate in any anonymous, voluntary, and confidential test, questionnaire, or survey on pupil health behaviors and risks.

Right to Refrain from Harmful or Harmful or Destructive Use of Animals

Pursuant to Education Code 32255 *et seq.*, any student with a moral objection to dissecting or otherwise harming or destroying animals, or any parts thereof, shall notify his or her teacher regarding this objection. The student must obtain a note from his or her parent or guardian requesting exemption from participation in an education project involving the harmful or destructive use of animals.

- I would like my child **excused** from participation in an education project involving the harmful or destructive use of animals

- My child **may** participate in an education project involving the harmful or destructive use of animals.

Signature of Parent/Guardian (if student is under 18)

Signature of Student (if student is 18 or older)

Acknowledgement of Parent or Guardian of Specific School Activities

(Please sign and return to your child's school.)

STUDENT'S NAME _____

SCHOOL _____

GRADE _____

Student is on a continuing medication program. (Please check) Yes_____ No_____

IF YES, you have my permission to contact my physician.

PHYSICIAN'S NAME _____

PHYSICIAN'S TELEPHONE _____

MEDICATION _____

DOSAGE _____

I hereby acknowledge receipt of information regarding my rights, responsibilities and protections. I also attest under penalty of perjury that I am a resident of the district, as previously verified, or attend under an approved Interdistrict Attendance Agreement.

SIGNATURE OF PARENT OR GUARDIAN _____

DATE _____