Form Sexual Health Content Parent/Guardian Waiver/ Consent Letter Template Reference **AP for Instructional Resources** Saskatchewan Distance Learning Centre Department **Student Programs** (Sask DLC) Approved by Main Office: Adopted Box 370, Kenaston, SK SOG 2NO Phone: 306-252-1000 Level **Local Campus** www.saskDLC.ca Submit to **Campus Administrator** Two weeks prior to teaching of sexual health When SECTION 1: TO BE COMPLETED BY THE SUPERVISING TEACHER

Teacher				
Sask DLC Campus				
Sexual Health Outcomes being	covered			
Resources Being Used if any				
Date(s) Of Instruction				
<u>'</u>				
SECTION 2: TO BE COMPLETED	BY A PARENT OR G	UARDIAN		
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S	SECTION 2: TO BE COMPLETED BY A PARENT OR GUARDIAN						
	Student Name	Grad	de				
	Guardian's Name(s)						
	Address						
	Home Phone	Guardian #1 Work Phone					
	Guardian #1 Cell Phone	Guardian #2 Cell Phone					

IMPORTANT INFORMATION

- 1. If you have reservations about the above-described outcomes and decide to exclude your child, it is imperative that you fill out, sign, and return this form to the **Sask DLC Campus Administrator** at least a week before the date(s) of instruction.
- 2. **Please note:** If we do not receive a signed form back from your child, it will be assumed that they are permitted to participate in learning related to the above-described outcomes.

ACKNOWLEDGEMEN	VТ

I, being the guardian ofrelated to the above-described outcomes.	(student name), do not consent to	them participating in learning
Guardian's Signature		Date

^{*}Campus administrators are to provide the Sask DLC Teacher with the signed form.