



## **Utah State Office of Education Clinical Experiences Consent Form**

### **Instructions:**

For Health Science courses that require a clinical experience (with direct patient contact and care) as part of certification and/or licensure, the USOE Clinical Experiences Consent Form must be on file for each high school student, regardless of student age.

This consent form is in addition to the Human Sexuality Instruction Consent Form. Specific information regarding clinical experiences is also to be included in your course disclosure document.

This consent form must be provided to the parent/guardian prior to participation in the clinical experience. In no case shall a school permit a student to participate in a clinical experience in the absence of parental consent. It is assumed in the absence of specific parental consent that a high school student may not participate in clinical experiences.

If a parent requests a specific exception to a portion of the clinical experience, the instructor shall use their discretion in accordance with industry and regulatory standards. (Remember that most programs require full completion of skills and experiences in order for a student to become licensed/certified.)

If a parent determines their student should not participate in clinical experiences that have been determined to be required, then the student shall be entitled to withdraw from the course, if they choose. Instructors may issue a grade and/or give credit for the course whether or not the clinical experience is completed, according to individual school policy.

The Clinical Experiences Consent Form should be kept on file for two years.



# Utah State Board of Education

## Parent Consent Form for Sex Education Instruction

*Parents must receive this form no later than two weeks prior to the beginning of instruction*

Date(s) of Planned Instruction: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Course: \_\_\_\_\_ Teacher(s): \_\_\_\_\_

School: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Dear Parent,

As part of your child's education, he/she has enrolled in a course that includes instruction on topics related to sex education. You are receiving this consent form because instruction and/or discussion of sex education topics are controlled by state law and Utah State Board of Education rule. Please read this form carefully, select **one option**, sign it, and return it to the teacher above. Your student will not be allowed to participate in class activities without this completed and signed form on file.

### **Information**

All instruction related to sex education will take place within the context of Utah State Law (53G-10-402) and Utah State Board of Education rule (R277-474) as follows:

- The school ensures that instruction stresses the importance of abstinence from all sexual activity before marriage and fidelity after marriage.
- There will be prior parental consent before teaching any of sex education as outlined in Utah Code 53G-10-403.
- Program materials and guest speakers supporting instruction on these topics have been reviewed and approved by the local education agency (LEA) curriculum materials review committee.

The following are NOT approved by the State Board of Education for instruction and may not be taught:

- The intricacies of intercourse, sexual stimulation, or erotic behavior;
- The advocacy of premarital or extramarital sexual activity;
- The advocacy or encouragement of the use of contraceptive methods or devices; and
- Any means or methods that facilitate or encourage the violation of any state or federal criminal law by a minor or an adult, including as a response to a spontaneous question from a student.

In accordance with Rule R277-474-7-4, teachers may answer student questions or correct inaccurate statements as long as the answer is consistent with state law and the approved instructional materials. Educators may also direct students to parents.





Curriculum for this course includes instruction or discussion about the topics checked below.

(For Teacher Use Only):

- |  |   |
|--|---|
| <input type="checkbox"/> Adoption in accordance with 53G-10-404  | <input checked="" type="checkbox"/> Human development, including puberty and maturation                                       |
| <input checked="" type="checkbox"/> Chronic, infectious, and acute diseases and conditions of the reproductive system, including sexually transmitted infections and diseases (STI, STD) | <input checked="" type="checkbox"/> Human reproductive anatomy and physiology   |
| <input type="checkbox"/> Information about contraceptive methods or devices  | <input checked="" type="checkbox"/> Human reproductive process, including conception, fetal development, pregnancy, and birth |
| <input type="checkbox"/> Healthy dating practices, marriage, and parenthood, in accordance with the success sequence as defined in 53G-10-402  | <input type="checkbox"/> Refusal skills as defined by in 53G-10-402   |
|  | <input type="checkbox"/> Sexual Abstinence  |

Demonstrations on how to use contraceptive means, methods, or devices are **prohibited**.

**Parent Options: Please read and check only one of the following:**

**Name of Student:** \_\_\_\_\_

- ☐ **Option 1** I grant permission for my child to participate in the discussions as described above.
- ☐ **Option 2** I grant permission for my child to participate in the discussions as described above, with the exception of \_\_\_\_\_. I understand that my child will receive an alternative assignment of equal value and will not attend the regularly scheduled class on the day of this instruction. I understand my child will be provided a safe, supervised place within the school during this class. It will be his/her responsibility to report to the pre-arranged location, check in with the teacher or supervisor, and submit the completed assignment to the appropriate person.
- ☐ **Option 3** Prior to deciding, I will contact you at the school within the next two weeks to arrange a time to discuss the planned curriculum and review the materials
- ☐ **Option 4** I DENY permission for my child to participate in any of the discussions as checked in the box above. I understand my child is not involved in the exempted portion of the curriculum. He/she will instead be provided a safe, supervised place within the school during the class, and will receive an alternate assignment related to other elements of the course.

This consent form must be sent to parents not less than two weeks prior to instruction of the identified topics. Under state law, your child cannot participate in the scheduled instructional activity specified above unless and until this signed letter of permission is returned to the teacher identified on this form. Signed forms will be kept on file at the school for a minimum of two years.

Please sign and return form to verify you reviewed it and have chosen one option from the preceding list.

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

**Phone Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_