

HIV Instruction Student Waiver

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I have previewed the planned Mary Walker District HIV/AIDS prevention curriculum/video that is posted to the Springdale School website and request that my student(s) be excused from this activity.

Student Name (Printed)

School

Grade

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____

Date _____

Parent/Guardian:

Staff: Please copy this form for your records and *send the original* to Mary Walker School District.