

**PASS Health Course Parent Permission****Form F**

Washington State PASS Program | Migrant Student Data, Recruitment and Support

810-B East Custer Avenue | Sunnyside, WA 98944 | Phone: (509) 837-2712 or (800) 274-6084 | Email: [pass@msdr.org](mailto:pass@msdr.org) | Fax: (509) 839-9017 | Website: [www.msdr.org](http://www.msdr.org)**TO BE ON FILE AT SCHOOL PER LOCAL POLICY****Health Course Parent Permission***El Curso De Salud – Permiso De los Padres***(Required for students 17 years of age and younger / *Requerido para estudiantes menores de 18 años*)****LETTER TO PARENT/CARTA AL PAPA, MAMA, O GUARDIÁN**DEAR/*Estimado*: \_\_\_\_\_  
(Parent Name/*Nombre de Padre, Madre, ô Guardián*)

Your child \_\_\_\_\_ is attempting to enroll in a PASS Course in Health Education that requires your permission. Topics that will be covered include drugs, human reproduction, pregnancy, sexually transmitted diseases, and other topics of a very sensitive nature.

*Su hijo/a, está tratando de inscribirse en el curso de salud de parte del Programa PASS. Éste curso requiere su permiso. Los temas van a incluir el estudio de drogas, reproducción humana, embarazo, enfermedades transmitidas sexualmente, y otros temas delicados.*

If you agree to have your child enroll in this course, please sign below. Your signature waives your rights to legal action regarding the curricula content of this course.

*Si usted esta en acuerdo en que su hijo/a se inscriba en éste curso, por favor firme ésta forma. Con su firma, usted renuncia a sus derechos de tomar acción legal respecto al contenido de éste curso.*

Thank You / *Gracias*,\_\_\_\_\_  
PASS Program Contact Person**PARENT WAIVER**

Yes, my child \_\_\_\_\_ has permission to enroll in the Health and Fitness PASS course. I attest that I am the parent or guardian of the child who is named above and have full right to grant permission for this child to enroll in the Health and Fitness PASS Course.

*Si, mi hijo/a \_\_\_\_\_ tiene permiso de inscribirse en el curso de salud de parte del Programa PASS. Yo declaro que soy el padre/madre or guardián del niño/a que está nombrado/a en esta forma y tengo el derecho de dar y doy permiso de que mi hijo/a se inscriba en la clase de salud.*

Signature/*Firma*: \_\_\_\_\_ Date/*Fecha*: \_\_\_\_\_

**Electronic Signature:** I have reviewed the form and certify that it is correct and accurate. I agree with all the terms and conditions of the form. I agree that my typed signature above will be considered an original signature on the form.

Printed Name/*Nombre*: \_\_\_\_\_