**Sample Parent and Family Letter Introducing** *Skills for Health and Life*

**<Date>**

Dear Parents/Guardians,

Our school is using an exciting health program called the *Michigan Model for Health*™which is listed on the National Registry of Evidence-based Programs and Practices. As your partners in education, your Board of Education has approved the curriculum of the *Michigan Model* called *Skills for Health and Life*.

The lessons will give your student critical health information and opportunities to build health skills that will develop life-long habits related to nutrition, physical activity, safety, drug and violence prevention, social and emotional health, and personal health and wellness.

However, we need your help! You are your student’s first and most important teacher! Your student will be encouraged to talk to you about what he or she is learning in the classroom. By working together, schools and families can more effectively equip children to develop healthy habits and avoid health risks.

The attached list of topics gives you a brief look at what will be included in the course.

Please contact me ifyou have any questions or would like to discuss this information further. I may be reached by phone at **901-752-7895** or e-mail at **andrew.martin@gmsdk12.org**

We are looking forward to working together to keep our youth healthy.

Sincerely,

**Andrew Martin**

**School Health Supervisor**

**GMSD**

***Michigan Model for Health***™

**Skills and Topics Covered in *Skills for Health and Life***

 **First Grade Topics for GMSD Family Life Curriculum:**

* Apply “Please” “Thank-You” “Excuse Me” and “I’m Sorry” to situations.
* Use the WIN steps to help with problem solving.
* Describe the benefits of eating healthy snacks and drinking water.
* Describe how physical activity, rest, and sleep help a person stay healthy.
* Describe situations that are dangerous, destructive, and disturbing and that need to be reported to an adult.
* Demonstrate the procedure to dial 911 to get help in emergencies
* Describe how to safely use medicines.
* Identify household products that are harmful that are touched, ingested, or inhaled.
* Demonstrate skills to reduce the spread of germs.

**Student Opt-Out Letter**

If you (the parent or guardian) wish for your child to not participate in these lessons and discussions, then you must sign this form and return it to your child’s school. All students that have this form returned signed will be exempt from participating in these lessons and discussions without facing any penalization.

The Family Life Curriculum we use is vetted by our district’s board of education, TLA Supervisor, Superintendent of Student Services and our Coordinated School Health Supervisor. We teach skills and concepts that are developmentally appropriate and do not veer off topic when going through these lessons. The topics that are covered for your child’s grade level are mentioned in the above letter. If you do not wish for your child to participate in these lessons or discussions, then please sign this form and have it returned to your child’s teacher.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do not give permission for my child,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in any of the Family Life curriculum topics or discussions.

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 **Parent Signature Date**