

Jefferson Davis Parish Schools

Jeremy Fuselier, Supervisor of Special Services

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Phone: 337•824•3522 FAX: 337•824•9737

Dear Parents/Legal Guardians:

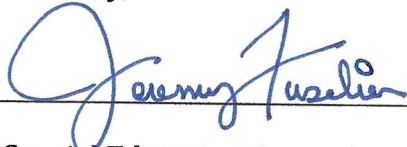
Act #789 of the legislature states that all girls only in public high schools shall be taught the proper procedure for breast self-examination and the need for an annual Pap test for cervical cancer. This will be taught under rules and regulations adopted by the school board.

Classes have been organized to teach girls during high school health classes. A female school nurse will teach each class with the use of a Power Point Presentation and a model. **Live models will not be used at any time.**

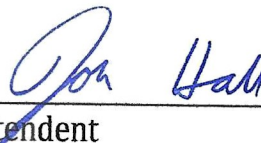
A student shall not be required to take instructions if the parent/guardian signs and returns this form indicating that such information conflicts with the religious beliefs of the student. If this form is not returned to us with your signature, your daughter will receive the instruction.

Parents/Guardians of the students involved in this program are invited to view the Power Point Presentation that can accessed on the Jefferson Davis Parish website. Please help us implement a program that will be of benefit to you and your daughter.

Sincerely,

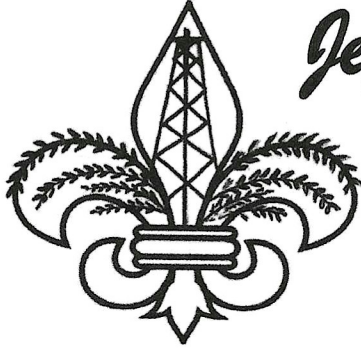


Special Education Supervisor

Approved by: 
Superintendent

My daughter _____ may not take part in the breast self-examination and Pap test for cervical cancer instruction because of religious beliefs.

Parent/Guardian Signature: _____



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Dear Parents/Legal Guardians:

The Jeff Davis Parish Department of Special Services believes that it is best practice for all boys in public high schools to have the opportunity to be taught the proper procedure for testicular self-examination.

Classes have been organized to teach boys only during high school health classes. A school nurse will teach each class with the use of a Power Point Presentation and models. **Live models will not be used at any time.**

A student shall not be required to take instruction if the parent/guardian signs and returns this form indicating that such information conflicts with the religious beliefs of the student. If this form is not returned to us with your signature, your son will receive the instruction.

Parents/Guardians of the students involved in this program are invited to view the Power Point Presentation that be accessed on the Jefferson Davis Parish website. Please help us implement a program that will be of benefit to you and your son.

Sincerely,

Special Education Supervisor

Approved by: _____

Superintendent

My son _____ may not take part in the testicular self-examination instruction because of religious beliefs.

Parent/Guardian Signature: _____