

School Name: Cambridge Central School
School District: Cambridge Central School District

Class: Health Education: Middle School or High School

Permission to View Film/Video

Dear Parent/Guardian,

Occasionally, film/videos are used in the classroom in order to illustrate a particular curricular-related concept. I am notifying you that we will be watching a film/video in class with a rating above the G rating.

I will be showing a film/video in the classroom on: Human development

Film/Video Title: From Conception to birth

Motion Picture Industry Rating: N/A Discovery Channel University Productions

Topic under discussion to which movie is relevant: The development of a human from conception to birth and delivery.

Instructional objectives: The purpose of showing this movie is to enhance student knowledge of how a human develops in the womb over a period of nine months and the delivery process.

This movie contains some graphic images during the birthing process.

Please return the permission slip below by: 2/16/18

Teacher's Signature _____ **Class** _____

Child's Name _____

___ **Yes**, I give my son/daughter permission to view curriculum and school appropriate film/videos related to classroom content and subjects.

___ **No**, I do not give my son/daughter permission to view curriculum and school appropriate film/videos mentioned in this letter. I understand alternate learning experiences will be provided for my child while the movie is being watched.

Signature of Parent or Guardian: _____

Date: _____