

NOTE TO TEACHERS: Below is a sample Parent/Guardian Opt-Out Form that you may adapt if needed for distribution to students' families.



CUT OR FOLD HERE BEFORE REPRODUCING

A Note From Your Child's Teacher

Please sign and return this Opt-Out Form to your child's teacher. Thank you.

Our class will soon begin a unit of study focusing on the safe and responsible use of over-the-counter (OTC) medicine. In *OTC Medicine Safety*, students will learn about topics including the difference between prescription and OTC medicines, information on a *Drug Facts* label, OTC medicine safety, and why it's important to never use any medicine without adult permission and supervision.

This unit will include take-home information for families that explains the basic goals of the program and offers ideas for in-home extensions for the learning we will be doing in the classroom.

If you wish to opt out of having your child taught the lessons about OTC medicine safety, please read on and check the box.

Teacher Name: _____ Date: _____



PARENT/GUARDIAN OPT OUT FOR *OTC MEDICINE SAFETY*

- On behalf of my child, I choose to opt out of having him or her taught the lessons related to over-the-counter medicine safety and do not grant permission for my child to participate in this learning unit.*

Child's Name: _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____