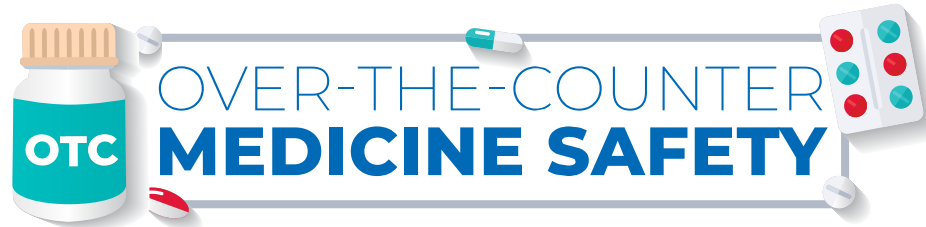


NOTE TO TEACHERS

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

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. You can learn more about this program at www.ymiclassroom.com/otcmedsafety-families.

If you wish to opt out of having your child taught the lessons about OTC medicine safety, please read on and fill out the Parent/Guardian Opt Out form below.

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: _____