

Kimberly Middle School

Health Class Parent/Guardian Permission Form

Dear Parent/Guardian,

The Idaho Legislature passed two new laws in 2025 that affect health and science instruction for students in grades 5–12:

1. Senate Bill 1046 (Idaho Code §33-1637) – requires that all students receive instruction on human growth and development. This includes viewing an ultrasound-style video showing the process of fertilization and fetal development, including the growth of major organs. The law requires this video be shown in classes that discuss human biology, contraception, sexually transmitted diseases (STDs), or sexually transmitted infections (STIs). It does not contain nudity, genitalia, or graphic sexual content and the video can be viewed [here](#).
2. House Bill 239 (Idaho Code §§33-1609 & 33-1611A) – requires schools to obtain parental/guardian permission before providing any instruction on human sexuality. “Human sexuality” is broadly defined and may overlap with health class instruction, such as discussion of risk behaviors that lead to STDs or STIs.

At Kimberly Middle School, the 7th/8th grade Health curriculum includes:

- Instruction on how risky behaviors can lead to the contraction of STDs and STIs.
- Age-appropriate, medically accurate sex education (anatomy, physiology, prevention).

Because this content includes both human growth and development and human sexuality, your permission is required for your student to participate. If you wish to review the curriculum materials that will be utilized during this instruction, please contact your child’s teacher or the building administration.

If you choose not to give permission, your student will be provided with alternative instruction that meets state requirements but does not address human sexuality.

☒ **Parent/Guardian Permission**

Please check one:

☐ **YES** – I give permission for my student, _____,
to participate in instruction on human growth and development (including the ultrasound
video) and human sexuality/sex education as part of the Kimberly Middle School Health
curriculum.

☐ **NO** – I do not give permission for my student, _____,
to participate in this instruction. I understand alternative instruction will be provided.

Parent/Guardian Name (print): _____

Signature: _____ **Date:** _____

Student Name: _____ **Grade:** _____